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EVALUATION OF THE SUDBURY DISTRICT NURSE PRACTITIONER CLINICS

FINAL REPORT

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Ministry of Health and Long-Term Care

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Introduction

This evaluation of the Sudbury District Nurse Practitioner Clinics (SDNPCs) was conducted by PRA Inc. for Ontario's Ministry of Health and Long-Term Care (MoHLTC). The purpose of the study is to identify lessons learned at the SDNPC, which will help to inform the roll-out of the subsequent Nurse Practitioner-Led Clinics in Ontario.

Program Description

In November, 2007, the Ontario government announced that 25 Nurse Practitioner-Led Clinics would be established in the province. The establishment of these clinics is intended to reduce the number of people without primary health care providers and aims to improve the comprehensiveness and integration of services. Nurse Practitioner-Led Clinics will be composed of a number of health care professionals including at a minimum Nurse Practitioners (NPs) and physicians.

SDNPCs opened in August of 2007 and serve as a pilot project for the initiative. The Ministry provides funding for six full-time NP positions and the clinic has two part-time consulting physicians who see patients and provide formal and informal consultation to the NPs. The physicians receive a monthly stipend for the consultations they provide and are compensated with fee-for-services (FFS) for seeing patients in appointments. Patients of the SDNPC are assigned to a specific NP as their primary health care provider; however, patients are registered with the clinic itself. The Ministry expects 4,800 patients to be registered with the clinic after the clinic's first three years of operation (i.e., by August 2010).

Methodology

In consultation with the Ministry, PRA developed a list of evaluation questions to guide this study (Table 4 in this report). The questions were designed to align with the guidelines set out in the RFP. They cover the issues of rationale, design and delivery, satisfaction and impact.

We used the following lines of evidence in this evaluation:

- Document review
- Key informant interviews (n = 19 interviewees)
- Patient focus groups (n = 20 participants)
- Patient feedback survey (n = 603 respondents)

Findings

The findings are presented below in five general themes that emerged from this study: awareness and understanding, implementation, physician integration, the clinic model, and patient satisfaction.

Awareness and understanding. There appears to be a high level of public awareness about the existence of the SDNPC. In addition, patients of the clinic appear to understand the clinic model and the role of an NP. However, the understanding of the model and the NP role is questionable with regard to the general public.

Most participants in the focus groups came to understand the role of an NP after their first appointment, when their NP explained their role and the differences between an NP and a physician. A total of 91% of survey respondents believe that they have a clear understanding of the differences between an NP and a physician.

Focus group participants and key informants perceived there to be a high level of awareness about the existence of the clinic in Sudbury. The document review revealed that the clinic has received a substantial amount of media attention, both positive and negative, that has likely contributed to the apparent high level of awareness. The negative media attention was generated by physicians who questioned the effectiveness, quality of care received, and potential costs of the clinics. This may have created a lack of confidence in the clinic and initiative, and an impression that there is dissention among health care workers. According to focus group participants, the negative press has caused some individuals to question the clinic and more generally this model of care.

Implementation. Implementation issues arising from this study were: concerns with the Electronic Management Records (EMR) system, delays in receiving budgetary approvals and funding, space, and patient complexity. The EMR did not function smoothly for the first year and a half of the clinic's operations and there was a lack of assistance from the selected vendor. The clinic has since noticed improvements and clinic NPs highlighted the benefits of having an EMR system when multiple professionals are providing care to the same individual.

The clinic received good project management support from of the Ministry. However, clinic management said that delays in receiving budgetary approvals and funding from the Ministry have impacted clinic operations. In addition, the clinic management, Board members and NPs said that a larger facility is needed for the clinic. The opening of the next clinic in Lively will apparently not alleviate this concern. This issue, to some extent, limits the number of patients that can be registered at the clinic. However, a more important factor limiting the number of patients that can be registered with the Riverside clinic has been patient complexity.

New patients of the clinic may not have received health care in a number of years; therefore, patients of the clinic can have complex medical needs. Medically complex patients require more attention and more physician involvement, which affects the number of patients that can be registered with the clinic. The Ministry expects a patient registry of 4,800 by August, 2010; however, it is unlikely that the clinic will meet this target.

Physician integration. The current physician compensation model is not appropriate, and key informants across all stakeholder groups recommended increased physician compensation. Physicians see patients with the most complex health needs who require longer visits. This has financial implications because it translates to seeing fewer patients per day and fewer billable visits. Additionally, the current compensation model does not promote physician involvement in the clinic.

A number of key informants said that a salary model for physicians of the NP-Led Clinics could help overcome the barriers to collaboration, as long as the salary is sufficient. Some key informants said that having FFS compensation in place at the clinic is not ideal because it promotes different views of time management when physicians are the only team members not on salary. However, the Ministry has a funding agreement with the Ontario Medical Association (OMA) whereby OMA approval is required for any changes to the current funding model.

NP-Led Clinic model. The clinic model appears to work well, with the exception of the aforementioned issue of physician compensation and the related issue of limited physician involvement in the clinic. The system of patient registration to the clinic as opposed to enrolment with an individual health care provider was perceived as a benefit of the NP-Led Clinic model by patients, clinic staff, clinic management and physicians because it helps ensure continued access to care for individuals registered with the clinic. In addition, the clinic model seems to facilitate NPs in functioning to their full scope of practice. However, there was a learning curve in terms of how the roles of different team members are played in the run of a day.

Key informants were generally satisfied with the system of accountability within the clinic. Most key informants supported having the Clinic Director be an NP, because knowledge of clinical issues was seen as essential to management decisions. However, several key informants said that the Clinic Director in future clinics does not necessarily need to be an NP, although it would be necessary to have a senior NP or physician in charge of the main clinical decisions.

The clinic completes reporting forms to track patient encounters and to track physician consulting and sends the completed forms to the Ministry. The usefulness of both of these reporting systems is questionable. NPs and clinic management said that the reporting system is not capturing appropriate results. In addition, a number of key informants across different stakeholder groups are not aware of how this information is being used.

Patient satisfaction. Patients showed an overwhelmingly high level of satisfaction with the services they receive from their NP. The main reasons for high satisfaction were the attitudes of the NPs and the thoroughness of care provided. When compared with their previous health care situations, patients' wait times have decreased. In addition, patients are pleased with the health education they receive from their NP. Since the clinic opened in Sudbury, the clinic's patients believe that their access to health care has improved.

Conclusions and lessons learned

Conclusions and lessons learned are presented under the evaluation issues of rationale, design and delivery, satisfaction, and impact.

Rationale. There were NPs living in Sudbury who were not employed and who lobbied for the clinic, which led to its establishment. The clinic was established in Sudbury due to the shortage of physicians in the area and the resulting high number of patients with no primary health care provider.

Design and delivery. The current physician compensation model is not appropriate, and was identified as the most serious concern in this evaluation. If the model is not changed, there will be considerable challenges in implementing the next 25 NP-Led Clinics because it will be

difficult to recruit and retain physicians. The current model does not account for the medical complexity of patients being seen and limits physician involvement and input into the clinic. Physicians should become more involved in the clinic which would be possible with a new compensation model. If the next 25 NP-Led Clinics are to succeed, negotiations between the Ministry and the OMA are necessary in order to establish a compensation model that is attractive for physicians.

With respect to administrative issues at the clinic: The EMR system was seen as essential to the operation of the SDNPC, and having an EMR system is recommended for future NP clinics. Future NP-Led Clinics should ensure the selection of a high-quality EMR service provider that is available for communication when issues arise. In addition it would be beneficial for all future NP-Led Clinics to have in place appropriate clerical support from the onset so that NPs do not need to take on clerical duties. This has impacted operations initially in the case of the SDNPC. Future clinics should also secure facilities with appropriate square footages from the onset of operations, ensuring that the facilities they select will meet their immediate and future needs. Also, the patient reporting forms and the physician consultation reporting forms need revisions so that the information collected is more pertinent. The forms should be re-designed with a goal in mind of how the completed forms will be used.

The management structure with a Clinical Director as an NP appears to work well for the SDNPC, but may not be necessary for all future NP-Led Clinics. However, for all future clinics, there should be a regulated health professional in charge of all clinical operations to ensure that someone with appropriate expertise is involved in clinical decisions made. In addition, for future clinics, logistics of the way in which clinic team members play their roles should be discussed at the onset of clinic operations.

NPs at the clinic are functioning to their full scope of practice. The nature of the clinic model facilitates this because NPs are primary health care providers and therefore deal with a broad range of health issues. The collaborative relationship among NPs and between the NPs and physicians is another factor facilitating NPs in functioning to their full scope. Future NP-Led Clinics could ensure that individuals hired to work at the clinics have the ability to work in a team setting. Moreover, physicians could be provided with training about the role of NPs at the clinic.

There is an apparent need to increase public understanding about the role of an NP and the NP-Led Clinics initiative in general. The negative media attention received in Sudbury may occur in other areas where NP-Led Clinics are being implemented. A provincial media campaign led by the Ministry was recommended to increase public understanding about the initiative. The campaign could focus on educating the public about how health services are delivered in this type of model, including the roles of NPs and physicians at the clinics.

The clinic is not likely to reach the target of 4,800 patients by August 2010 while maintaining the quality of services it is currently providing. The medical complexity of patients at the clinic is affecting the number of patients that can be registered. The Ministry can look to the capacity of the SDNPC when planning for future clinics to estimate the number of patients that can be served.

Satisfaction. Patients are generally highly satisfied with the services they receive from the clinic and with the clinic itself. They appreciate the positive and respectful attitude of their NP, and are comfortable asking questions. Patients also appreciated having access to physicians when needed, and are satisfied with the thorough care they receive. They appreciate the amount of time that is spent with them per visit and the good listening skills of their NP.

The NPs, doctors, and other stakeholders who were interviewed generally showed a high level of satisfaction with the clinic. NPs appreciate being able to function to their full scope efficiently and in an empowering setting.

Impact. Patients registered at the clinic perceive major differences in the primary health care they receive since the clinic was opened, especially given that prior to the clinic, they had no primary health care provider. By providing primary health care access to individuals who previously had none, the clinic appears to be an effective way to improve access to primary health care in Sudbury.

More generally, the next 25 clinics can learn from the experiences of the SDNPC by communicating with the SDNPC about implementation challenges that they have faced. The Ministry could provide support for the SDNPC to share information about best practices and lessons learned with other clinics. In addition, the Ministry would need to ensure enough staffing at the provincial level to assist with the rollout of the next 25 clinics.

1.0 Introduction

This document constitutes the final report for the Evaluation of the Sudbury District Nurse Practitioner Clinics (SDNPCs). This evaluation was conducted by PRA Inc. for Ontario's Ministry of Health and Long-Term Care (MoHLTC, also referred to throughout this report as "the Ministry").

1.1 Scope and objectives of the evaluation

The purpose of this evaluation is to identify lessons learned at the SDNPC, which will help to inform the roll-out of the subsequent Nurse Practitioner-Led Clinics in Ontario. The main evaluation issues we examined were rationale, design and delivery, satisfaction, and impact. Evaluation questions under each of these issues were developed and can be found in Table 4 on page 11.

As per the Request for Proposals (RFP), the evaluation examined the following areas:

- Barriers and facilitators to the implementation of the SDNPC, including stakeholders' perspectives and lessons learned;
- Patient/client access to comprehensive primary health care services;
- Patient/client satisfaction; and
- Integration and collaboration between Nurse Practitioners (NPs), family physicians and other providers.

1.2 Structure of the report

The report is divided into several sections. Section 2 includes the policy context relating to the clinic's implementation and presents a profile of the clinic. Section 3 describes the methodology used to complete the evaluation. In Section 4, the findings from all data collection activities carried out as part of the research are presented. Section 5 concludes this report, and discusses the lessons learned as they relate to the implementation of the next 25 NP-Led clinics in Ontario.

2.0 Program description

This section discusses the policy context in which the SDNPCs were implemented, followed by a profile of the clinic.

2.1 Policy context

NPs are Registered Nurses who have "extended class" designations with the College of Nurses of Ontario. They have an expanded scope of practice in the areas of health assessment, diagnosis, ordering tests, prescribing treatments and health promotion. When patient care needs extend beyond the scope of an NP, they consult with a physician in accordance with guidelines established by the College of Nurses of Ontario (2009)[1].

NPs have come to be recognized as playing a key role in the health care system. In Ontario, the MoHLTC has funded a number of initiatives since 1998 dedicated to creating and sustaining NP positions in Ontario, with a focus on underserviced areas (e.g., Nurse Practitioner Demonstration project and funding to increase clinical education positions). The MoHLTC continues to fund initiatives involving NPs, most recently with the large-scale NP-Led Clinics initiative.

In November of 2007, the provincial government announced that 25 NP-Led Clinics would be established in Ontario. The establishment of these clinics is intended to reduce the number of people without primary health care providers and increase access to health care. The clinics are also intended to improve the comprehensiveness and integration of services. The implementation of these clinics is part of the Ontario Government's Family Care for All Strategy, which aims to provide comprehensive, accessible and timely health care for Ontarians (Government of Ontario, 2009)[2].

The clinics emphasize chronic disease management and health promotion. This is done through treatment and monitoring, as well as through improving the skills of patients to manage their own health (Government of Ontario, 2009)[2]. NP-Led Clinics will be composed of a number of health care professionals, including at a minimum NPs and physicians. However, having a range of health care professionals in NP clinics is possible, with providers working collaboratively as a health care delivery team. The Romanow report (2002)[5] determined that this type of inter-professional care is a direction for the future of health care in Canada.

The Ministry funds a similar initiative — the Family Health Team (FHT) Initiative. Like the NP-Led Clinics, FHTs aim to provide collaborative health care for individuals who do not have a health care provider. A total of 150 FHTs have been created since 2005, and another 50 will be implemented. A key difference between FHTs and NP-Led clinics is that with NP-Led clinics, an NP acts as the primary provider of health care and serves as a point of entry to the health care system. NPs consult with physicians as appropriate. In the FHT model, physicians are the primary health care providers. Both the FHTs and the NP-Led Clinics are being implemented and planned in regions across the province.

Selection of sites. The Ministry undertook a needs assessment considering a range of key population and health indicators to determine which Local Health Integration Networks (LHINs) have the greatest need for additional resources. These LHINs are: North West, North East, Erie

St. Clair, North Simcoe Muskoka, Central West, Central East, Champlain, and South East. Key indicators for assessing need included:

- Proportion of unattached patients, excluding the Health Care Connect program;
- Prevalence of one or more of nine chronic diseases, including diabetes;
- Number of full-time equivalent (FTE) general practitioners / family physicians in the LHIN per 10,000 population; and
- Number of existing FHTs / Community Health Centres.

To date there have been two calls for applications (waves) for the NP clinics. Three NP-Led Clinics were announced in February 2009 as part of Wave 1. It is expected that successful applicants for Wave 2 will be announced in the fall of 2009.

The SDNPC, the subject of this evaluation, was the first established. The SDNPC serves as a pilot project for the initiative, and is discussed in the following section.

2.2 Clinic profile

This section provides a profile of the SDNPC by discussing the rationale for the pilot project in Sudbury leading to the establishment of the clinic. This is followed by a description of the clinic's main activities, management and organization, and resources.

2.2.1 Rationale and clinic establishment

Announced in November, 2006, The SDNPC was intended as a three-year demonstration project. The project was established in Sudbury, Ontario, for several reasons.

Although Sudbury is the largest city in northern Ontario, it is considered underserviced when it comes to health care. On some of the key determinants of health, Sudbury scores lower than the rest of the province (e.g., education, income, health (Statistics Canada, 2006)[9]. Prior to the establishment of the clinic, there were a number of NPs in the Sudbury area who were unable to find employment and were available for work. Some were considering moving from Sudbury to other regions of Ontario or to the United States for employment.

A group of these NPs collaborated and lobbied for a NP-Led Clinic. They were not successful in their application under the FHT Initiative; however, the Ministry approved the clinic separately in November of 2006. This was one year prior to the announcement of the larger initiative. Funds from the Ministry began to flow in May of 2007. The clinic opened its doors in August of 2007 and began registering patients immediately. A timeline of the events leading to the establishment of the SDNPC is presented below in Table 1.

Table 1: Timeline of events leading to clinic establishment

Event	Month, year
SDNPC announced	November, 2006
SDNPC received funding from Ministry	May, 2007
SDNPC opened	August, 2007
NP-Led Clinics Initiative announced	November, 2007

The clinic is located on 359 Riverside Drive in downtown Sudbury. The clinic also serves the remote community of Chapleau one day per week (staffed by one NP and one volunteer Registered Nurse). Plans are in place for the SDNPC to open another clinic in Lively, which is also in the Greater Sudbury area. The Lively clinic will have two full-time NPs, and the Clinic Director's time will be split between the two sites. The Lively clinic will be under the same management as the clinic in Riverside and its opening is planned for January, 2010. This evaluation focuses on the Riverside Drive location.

2.2.2 Clinic activities and model

The Ministry provides funding for six full-time NP positions at the SDNPC; however, the clinic only has a total of 5.5 FTE NPs. The Clinic Director is an NP who spends half of the time as Clinic Director and the other half of the time as an NP. The clinic also has two consulting physicians. Together, the physicians spend a total of 3.5 days per week on-site (one physician spends two full days per week at the clinic and the other spends three half days per week). One full-time Office Manager oversees administrative aspects of the clinic, and three full-time staff members provide clerical support. The clinic has a part-time pharmacist as well. With opening of the clinic in Lively, a dietician, social worker and RN will be added to the team.

Patients with the clinic are assigned to have a specific NP as their primary health care provider. However, patients are not "enrolled" with specific individuals; rather, they are registered with the clinic in general. In other words, if an NP were to leave the clinic for some reason, patients would still be registered with the clinic itself and would be assigned to another NP as their primary health care provider.

Physicians at the clinic can see patients directly when patients are referred by their NP. Physicians also provide NPs with consultation, both formally and informally. Formal consultation involves set times at the beginning of the day when NPs have the opportunity to ask physicians questions. Informal consultations can take place on-site in the form of questions being asked throughout the day, or off-site by phone or email. The clinic's physicians are compensated in two ways. They bill fee-for-service (FFS) for patients they see directly, and they receive a fixed monthly stipend for the consultation they provide.

The Ministry expects 4,800 individuals to be registered with the clinic within the first three years of operation (i.e., by August 2010). This is equivalent to 800 patients per NP (since the clinic receives funding for six NPs). Internal documents of the Ministry state that the clinic aimed to have 2,500 patients registered by the end of the 2008/2009 fiscal year. As of July, 2009, 2,430 patients were registered. For tracking purposes, patients provide their Ontario Health Insurance Plan (OHIP) numbers to the Ministry as part of the registration process. The clinic submits these numbers to the Ministry on a monthly basis (personal communication, clinic staff).

Table 3 shows numbers of patients registered with the clinic over time.

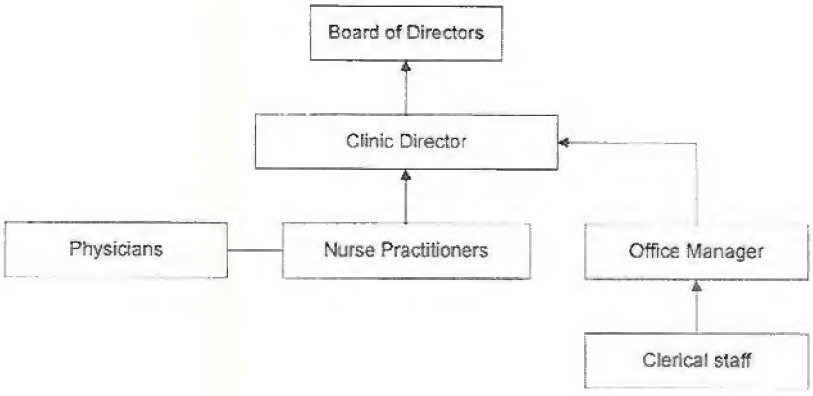
Table 2: Number of patients registered at clinic over time	
Date	**Number of patients registered at clinic**
August, 2007	Registration began
April, 2008	1514
November, 2008	1855
July, 2009	2430
Source: Government of Ontario, 2008[3]	

A number of programs are available for patients of the clinic. To date, the clinic has offered three programs, including a smoking cessation program, a weight loss program and an HPV immunization program. The clinic also provides training opportunities for NPs and medical students.

2.2.3 Management and organization

NPs at the clinic are accountable to the Clinic Director, who is responsible for the day-to-day operations of the clinics. Clerical staff members are accountable to the Office Manager. The Clinic Director reports to the Board of Directors (BOD) of the clinic. The Board is responsible for establishing bylaws and policies, lobbying for support and ensuring appropriate uses of funding. The BOD holds Annual General Meetings and monthly meetings that are attended by the Clinic Director and Office Manager. Clinic policy requires at least 50% of Board members to be NPs. Each month, the Clinic Director submits a report to the BOD for review prior to the meeting. The following organizational chart summarizes the management structure at the clinic. Arrows indicate lines of accountability.

Management structure of the SDNPC



2.2.4 Clinic resources

Table 3: Clinic expenditures		
	July 1, 2007 – June 30, 2008 (12 month period)	**July 1, 2008 – March 31, 2009 (9 month period)**
Salaries	$613,760	$663,822
Operating costs	$101,367	$125,987
Amounts were provided by the SDNPC		

As evident from the table above, the clinic's budget years were initially not in line with the typical fiscal years due to the timing of implementation. In addition, approximately $15,000 of funding included under "salaries" (e.g., consulting fees) in the first budget period (July 1, 2007 – June 30, 2008) was moved to "operating costs" in the second budget period (July 1 2008 – March 31, 2009).

3.0 Methodology

This section of the report provides the evaluation questions and describes the methodology used to complete the evaluation.

3.1 Evaluation questions

In consultation with the Ministry, PRA developed a list of evaluation questions to guide this study (Table 4). The questions were designed to align with the guidelines set out in the RFP. They cover the main issues of rationale, design and delivery, satisfaction and impact. Each question is responded to individually in Section 5 of this report, under conclusions and lessons learned.

Table 4: Evaluation issues and questions

Rationale
1. What considerations led the MoHLTC to develop the Sudbury District NP Clinic? What issue(s) was the clinic intended to address?
Design and delivery
2. Has the clinic faced challenges in its implementation? If yes, what were the challenges and how were they overcome?
3. Are the current program delivery mechanisms and structure appropriate and effective?
4. Does the current reporting system allow for the clinic to adequately communicate their results?
5. What, if any, issues are there with NP/doctor integration? Is the level of physician consultation appropriate?
6. Are the NPs functioning to the full scope of their practice? What factors facilitate or impede the NPs from functioning to their full scope?
7. Are there any concerns about NP role clarity and scope of practice? If so, how could these concerns be mitigated?
8. Is the NP workload appropriate? What factors affect their workload?
9. Is the current physician compensation model appropriate? Why or why not?
Satisfaction
10. How satisfied are patients with the services provided by the NPs? How satisfied are the patients with the clinic itself?
11. How satisfied are the NPs, doctors, and other stakeholders with the clinic?
Impact
12. Do patients perceive any differences in primary health care in their communities since the implementation of the Sudbury District NP Clinic?
13. What impact has the clinic had on access to primary health care?

3.2 Document review

The Ministry and the clinic provided PRA with relevant documentation for review. This included internal summary documents, project status updates, the clinic's draft business plan, position papers, and articles published in the media regarding the clinic. PRA identified additional sources of information throughout the study. This review provided background and contextual information for the evaluation, and responds directly to some of the questions identified in the evaluation framework. The document review also included a review of a client satisfaction survey the clinic conducted internally (SDNPC, 2008a)[6]. Information from this line of evidence has been incorporated into this document (largely in Section 2) and throughout the report.

Information was also collected from individuals in the following manner:

- key informant interviews (Section 3.3); n = 19 interviewees
- focus groups (Section 3.4); n = 20 participants
- patient feedback survey (Section 3.5); n = 603 respondents

3.3 Key informant interviews

PRA interviewed a total of 19 key informants. The Ministry identified these individuals in consultation with PRA. Key informants included clinic physicians and NPs, clinic management, board members, representatives of the MoHLTC, and external stakeholders who had some level of involvement or experience with the clinic. To ensure that the scope of this evaluation remained specific to the SDNPC, only individuals with at least some level of direct experience or involvement with the clinic were interviewed. The interviews were conducted by telephone or in-person, and the findings have been integrated into this report. Interview guides were tailored for the various key informant groups and are found in Appendix A.

3.4 Focus groups with patients

PRA conducted the focus groups with patients in Sudbury, Ontario. Initially, four focus groups were planned, with one planned for participants who prefer to participate in French. However, no patients signed up for the French session. Therefore, PRA conducted three sessions, and all were in English.

Since PRA did not have access to the names and contact information of clinic patients for privacy reasons, alternative recruitment methods were necessary. French and English signs were posted in the clinic to advertise the focus groups. Approximately half of the patients registered for the groups in this way. To recruit additional participants, clinic staff was made aware of the focus groups and mentioned that they would be taking place to patients who happened to have appointments during the recruitment period. Finally, focus group recruitment letters were sent to 100 patients informing them of the sessions and inviting them to participate.

The focus groups took place during the evenings of May 25 and 26, 2009, with nine, six, and five participants in each group. Each participant received $45 for their participation and refreshments

were provided. Each focus group was approximately an hour and a half in length. The guide used to facilitate the focus groups can be found in Appendix B.

3.5 Survey of patients

The purpose of the Patient Feedback Survey was to gather detailed information about the satisfaction of the clinic's patients. Survey packages were distributed to 970 patients, who were randomly selected as potential respondents from a list. The sample of 970 represents approximately 40% of the clinic's total patients.

The survey process included the initial mailing of the survey package and two sets of reminder postcards. These steps are described in more detail below.

- ***First survey mailing.*** The first mailing included a cover letter in English and French (Appendix C), French and English copies of the questionnaire (Appendix D), and a postage-paid return envelope. This package of materials was sent to each of the patients included in the sample on June 12, 2009. The cover letter requested that patients complete and mail their questionnaires by July 17, 2009.

- ***Reminder postcards.*** The first set of reminder postcards was sent approximately ten days after the first mailing, and the second reminder followed two weeks later (Appendix E). A number of people requested replacement questionnaires because they had accidentally misplaced or discarded the original copy. PRA provided these individuals with additional questionnaires.

Table 5 shows important dates associated with the survey

Table 5: Important survey dates	
Task	**Dates**
First survey mailing	June 12, 2009
First reminder mailing	June 22, 2009
Second reminder mailing	July 7, 2009
Completion requested by	July 17, 2009
Mail survey cut-off	July 24, 2009

- ***Analysis.*** Of the 970 questionnaires mailed out, PRA received 603 responses (response rate = 62%). This represents a total error margin of ± 4.1%. The data was entered into CATI (Computer Assisted Telephone Interviewing) and then pulled into SPSS (the Statistical Package for Social Sciences) for cleaning/analysis. Open-ended responses were grouped into themes and coded.

The youngest respondent was 16, and the oldest was 93. The survey was provided to all patients in both English and French; however, 97% of all surveys were completed in English and only 3% were completed in French. A total of 64% of respondents were female, 33% were male, and 3% did not specify their gender.

4.0 Key findings

This section presents the key findings from the document review, interviews, focus groups and patient survey. The section is organized according to the prominent themes that emerged from the study. Findings are grouped in the following five categories: awareness and understanding, implementation, physician integration, the clinic model and patient satisfaction. These categories are presented in an order that aligns chronologically with the process of establishment of the clinic.

4.1 Awareness and understanding

There appears to be a high level of public awareness about the existence of the SDNPC. In addition, the clinic's patients appear to understand the clinic model and the general differences between the roles of the clinic's NPs and physicians. However, in this area, there appears to be a need to increase the understanding of the general public. Awareness and understanding are discussed in the subsections below.

4.1.1 Awareness

Focus group participants, NPs, Board members, and other stakeholders perceived a high level of awareness about the existence of the clinic in Sudbury. This awareness was generated in a number of ways. The survey and focus groups revealed that patients most frequently learned about the clinic through word of mouth, followed by community newsletters, or the newspaper. Other common ways patients became aware of the clinic were: referrals from other health professionals, posters, public information booths, and the radio. The following table summarizes the most common methods by which patients first heard about the clinic according to the survey.

Table 6: How did you first find out about this health clinic? (Q 1.)

Mode of awareness	% of patients (n=603)
Friend or family member / word of mouth	42%
Community newsletter / newspaper	29%
Advertisement	10%
Another health professional referred me	10%
Public information or display booth	5%
Radio	3%
Television	2%
Community medical clinic	2%
Other	4%

Respondents could provide more than one answer; therefore totals sum to more than 100%.

Clinic management noted that there was little need to advertise the clinic due to high patient interest. The high proportion (42%) of survey respondents who learned about the clinic through word of mouth supports the idea that little advertisement was required. Focus group participants and key informants commented anecdotally that there was a rush for people to apply to the clinic quickly to help ensure their acceptance. Focus group participants and key informants who were

present at the clinic on its opening day said that there was a long line of people waiting to sign up.

The document review revealed that the clinic has received a substantial amount of media attention, which has likely contributed to the apparent high level public awareness. The attention the clinic received was both positive and negative. The positive attention included informational pieces about the clinic and letters to the editor from patients supporting the clinic. The clinic's website includes a section entitled "testimonials" where numerous patients commend the clinic (SDNPC, 2008b)[7].

The negative media attention was generated by physicians in letters to the editor and published articles that questioned the effectiveness, quality of care, and potential costs of the clinics (e.g., The Sudbury Star, 2009[8]; Northern Life, 2009[4]). Letters to the editor argued that the government should not fund the initiative because the model has yet to be proven (e.g., The Sudbury Star, 2009[8]; Northern Life, 2009[4]). This may have created a lack of confidence in the clinic and initiative, and an impression that there is dissention among health care workers. According to focus group participants, the negative press has caused some individuals to question the clinic and more generally this model of care. Anecdotal reports suggest that one physician left the clinic because of pressure.

A few focus group participants said either they themselves, or other community members they know, were initially critical of the clinic. This feeling was generated at least in part by the negative press discussed above. However, focus group participants said that any doubt they were experiencing about the clinic disappeared after their first encounter with the clinic.

4.1.1 Understanding

Patients of the clinic appear to understand the clinic model and the general role of NPs and physicians within the model. However, there is an impression that there is a need to increase the understanding of the general public in this area.

Although several focus group participants did not understand how NPs are trained, all focus group participants were able to correctly identify basic differences between the role of an NP and a physician. Participants understood that NPs can prescribe certain medications and order certain tests, and that NPs consult with physicians as needed. This finding was apparent in the patient survey as well. A total of 91% of survey respondents believe that they have a clear understanding of the differences between an NP and a physician.

Some focus group participants were familiar with the role of an NP prior to registering at the clinic. This was because these individuals had previous experience with NPs, knowledge of the health care system because of working in the field, or because they learned about NPs and the clinic through the media. Some participants in the focus groups came to understand the role of an NP only after their first appointment, when their NP explained their role and the differences between an NP and a physician. A total of 86% of survey respondents said that their NP explained their role (Table 7).

Table 7: Has anyone ever explained the role of the Nurse Practitioner you are seeing at the clinic? (Q. 5)	
	% patients (n=603)
Yes, the Nurse Practitioner explained it	86%
Yes, a physician explained it	2%
No one explained it	5%
Other	4%
Don't know	6%
No response	1%
Respondents could provide more than one answer; therefore totals sum to more than 100%.	

Although the clinic's patients appear to clearly understand the role of an NP, this is not necessarily the case with the general public. As mentioned, many focus group participants were not aware of the role of an NP until visiting the clinic, and negative press caused some patients and apparently some other community members to be critical of the clinic. Clinic management and the BOD devoted a substantial amount of time to dealing with media-related issues. The Ministry, the Nurse Practitioners' Association of Ontario, and the Registered Nurses' Association of Ontario were apparently initially not active in publishing material about the clinic in the media. Some key informants believed that if these groups initially expressed support for the clinic in the media, the clinic's image would have been strengthened. The clinic's Board members, NPs, management, and other stakeholders warned that negative media attention may occur in other communities where the clinics are being implemented.

Several key informants perceived the name "NP-Led Clinics" as somewhat of a misnomer. According to them, the name does not accurately reflect physician involvement, and could lead to a misunderstanding that physicians are not involved in the clinics. Although NPs are the primary point of entry for patients, key informants did not always believe that the clinics needed to be "led" by NPs, as will be discussed further in Section 4.3 of this report. To maintain and accurately portray the current model of care, a few key informants said that the clinics should not be called "physician-led."

This section of the report describes challenges the clinic has faced in its implementation, including administrative issues and the issue of patient complexity.

4.1.2 Administrative issues

Electronic Management Records (EMR) system. The EMR system was identified as an implementation challenge by a number of key informants. Since some clinic staff members did not have experience using an EMR system, there was a learning curve involved. The greater limitation, however, was with the operation of the system itself. It was not functioning smoothly for the first year and a half of the clinic's operation. The vendor providing the service was selected from a list of possible vendors provided by the Ministry. Since the EMR vendor was not located in Sudbury, it was not possible for the clinic and the vendor to interact face to face. Even verbal interactions were difficult to achieve because the clinic staff could often not reach the vendor by phone. Most of the time, they were directed through a phone loop of recordings.

The clinic has since noticed improvements with this situation, and NPs highlighted the benefits of having an EMR system when multiple professionals are providing care to the same individual. For example, there would be no need to physically search for a patient's charts if a colleague had it on their desk because all information is available and accessible electronically.

Interactions with the Ministry. The clinic received good project management support from of the Ministry. Clinic management expressed that the Project Manager for the initiative at the Ministry was helpful and worked well with the clinic. However, clinic management noted that delays in receiving budgetary approvals and funding from the Ministry have impacted clinic operations. For example, the official hiring of approved staff members is delayed until the clinic receives funding for the positions. Delays could be due to the newness of the model according to some key informants. Prior to the clinic, there were no guidelines specific for NP-Led clinics. The Ministry used existing FHT guidelines adapting them as necessary, which took time. Determining the forms to be used to apply for funding was also initially unclear. As well, the staffing resources dedicated to the NP-Led Clinics initiative at the Ministry were perceived to be insufficient by some key informants. Several key informants recommended that the Ministry ensure sufficient staffing to assist with the rollout of the next 25 clinics.

Clerical support. Initially, the number of clerical workers (two) at the clinic was inadequate to support the clinic's operations. NPs were often being removed from their direct patient duties to perform administrative tasks such as stocking rooms, cleaning examination rooms, or entering information into the EMR system. Key informants noted that this lack of clerical support affected the rate of patient intake. Funding for a third clerical worker had initially been approved by the Ministry, but the clinic did not receive this funding immediately. The clinic hired a third clerical support worker using separate funds in the interim, which alleviated the issue of insufficient clerical support. The Ministry is now funding this position.

Space. The space available at the clinic is insufficient according to clinic management and the clinic's NPs, and initially, finding an appropriate location for the clinic was challenging. The Ministry and clinic spent a considerable amount of time looking at various potential sites for both health clinics. The Riverside site did not require renovations; however, the Lively site does. A guide for space planning has been developed and is being used for improving the Lively location.

On days when both of the physicians are present, there are not enough examination rooms available. On these days, NPs have the opportunity to conduct administrative work in offices to make available examination rooms for use by the physicians. Clinic management and NPs said that the current size of the clinic is not large enough for all of the health care providers who were planned for the clinic. The clinic's part-time pharmacist currently rotates desks depending on who is not present. The issue of space also presents a challenge in terms of the training of medical students and NPs. Clinic management indicated that training could be more effective if examination rooms were larger to accommodate more individuals in the same room.

The opening of the next clinic in Lively will not fully alleviate the concern of insufficient space, because the SDNPC will be expanding its team at the same time. Two NPs will be moving from the Riverside site to Lively, and they will have two rooms available to them about half the time. The Registered Nurse, dietician and social worker will become part of the team when Lively

opens. Clinic management said that in some cases, health professionals may not have access to a private space to see patients and that the clinic has no available meeting space.

Clinic management, NPs and Board members said that there is a need for a larger facility. The issue of insufficient space, to some extent, limits the number of patients that can be registered at the clinic. However, a more considerable factor limiting the number of patients at the Riverside clinic is patient complexity.

4.1.3 Patient complexity

The extent of patients' medical complexities was unforeseen and continues to affect the clinic in a number of ways. According to the 2006 Census from Statistics Canada, the median age for the Greater Sudbury region is 41 years (Statistics Canada, 2006)[9]. The median age for patients of the clinic is 40. Although the age of the clinic's patients does not appear to differ from the age of the local general population, many patients of the clinic have complex health issues. A number of focus group participants indicated that prior to registering at the clinic, they had not received health care in many years because they did not have a family doctor. Most participants had previously been going to emergency rooms or walk-in clinics for their primary health care needs.

Clinic staff, physicians, management and other stakeholders noted the medical complexity of patients as well. Many of the clinic's patients have conditions such as high blood pressure, high blood sugar, or severe coronary artery disease. NPs and physicians said that patients new to the clinic often need to visit the clinic frequently in the initial period after registering in order to "catch up" on and address their health concerns. It is common for new patients to be seen by an NP and a physician for the first several appointments. Table 8 provides frequencies with which patients who responded to the survey visit the clinic.

Table 8: Approximately how often do you typically visit the clinic? (Q. 3)

Frequency of visits	% of patients (n=603)
Once or more times a week	1%
Once a month	13%
Every few months (2–5 months)	48%
Every 6 months	18%
Once a year	18%
Don't know/no response	3%

Total percentage may not total to 100% due to rounding.

The above data indicates that patients are going to the clinic on a fairly regular basis.

Table 9 summarizes patients' reasons for visiting the clinic as determined in the survey. A total of 37% of respondents have visited the clinic to monitor their chronic diseases. However, few respondents have visited the clinic for pregnancy or child care (4% and 5% respectively).

Table 9: For what type of care have you visited the clinic? (Q. 4)	
Type of care	**% patients (n=603)**
Annual health exams	86%
Diagnosis/treatment of a minor illness	41%
Monitoring of a stable chronic disease	37%
Referral to specialist	33%
Health education	22%
Screening for a chronic disease	19%
Referral to other health care provider (allied health professionals	18%
Diagnosis/treatment of a minor injury	9%
Individual counselling	9%
Monitoring of an infant/child's growth and development	5%
Pregnancy care	4%
Respondents could provide more than one answer; therefore totals sum to more than 100%.	

A total of 37% of all survey respondents said that an NP identified something about their health that they were previously unaware of. Of the people who had new issues identified about their health, 15% said the issue was related to high blood pressure, 13% said the issue was related to diabetes, and 12% said the issue was related to high cholesterol. Again, these data provide an indication of the complexity of health issues of the clinic's patients.

The complexity of patients appears to be affecting the total number of patients who can be registered at the clinic. According to the patient focus groups, clinic management, NPs, and physicians, new patients of the clinic may not have received health care in a number of years. It is more likely that these individuals would have health issues that have gone undetected for some time compared with individuals who receive health care regularly. There is also likely a greater chance that there will be multiple issues to address. It is logical that these factors would lead to a need for longer visit times. Also, more complex patients require more physician involvement because long-standing health issues would require additional medical attention.

As mentioned in the clinic profile, each NP was initially expected to build a roster of 800 patients. Since the Ministry funds six NP FTE equivalents, this would mean having a total patient registry of 4,800. Limited clerical support initially impacted patient intake rates because of reasons discussed in Section 4.2.1; however, the main factors currently restricting patient intake are space limitations and the complexity of the clinic's patients. The clinic does not turn away patients based on the complexity of their health issues, nor do they intend to screen for low-risk patients. The clinic will not likely meet the target of having 4,800 patients registered by the end of three years of operation as planned.

4.2 Physician integration

The main issue with respect to physician integration into the clinic is that the current compensation model is perceived to be inadequate. Consequently, physicians are not as involved in the clinic as they would like to be. The compensation physicians currently receive is apparently not competitive with other potential sources of income for physicians in the community. Almost every key informant said that this will present a considerable barrier in recruiting and retaining physicians for the current and future NP-Led clinics being implemented. The clinic is likely to benefit from increased physician input that would come with increased compensation. This section of the report describes the current compensation model and discusses barriers to physician integration.

4.2.1 Compensation and consultation

NPs can arrange for their patients to see a physician directly, or they can consult with a physician regarding the health issues of their patients. When a physician sees a patient directly, they bill FFS claims to OHIP for the direct patient encounter. These appointments are usually scheduled at 15-minute intervals. NPs will sometimes attend the patient's first appointment with the physician.

NPs consult with physicians when a situation is beyond their scope of practice or out of their comfort zone. For example, an NP would consult with a physician if a patient's chronic disease has destabilized, if abnormal blood tests were received, or for adjusting treatment. Consultations are provided formally and informally. Formal consultations between physicians and NPs take place in fixed time slots at the start of the physicians' work day. At this time, thirty minutes are available for NPs to ask the physician questions. Sometimes, formal consultation extends beyond the allotted 30 minutes. Each NP can spend approximately 20-30 minutes per week in formal consultation with physicians.

Informal consultations are more fluid, and can take place on or off-site. On-site, NPs may ask the physicians a question as they are passing in the hall, or may request that a physician join the patient and NP during an appointment. Some NPs share an office with the physicians, which can facilitate dialogue. Physicians can also answer the questions of NPs by telephone or email. Because of the fluid nature of the informal consultations, physicians and NPs generally found it difficult to quantify the amount of time spent consulting informally. Physicians approximated that they consult between four and seven hours per week.

The physicians are compensated for the consultation they provide with monthly stipends. The Ontario Medical Association and the Ministry signed an agreement in 2004 stating that physicians will receive $800 per month per NP, and this agreement still applies. Since there are six NPs at the clinic, a total of $4,800 is allocated for physician stipends. This is shared between the clinic's two physicians. If the clinic were to hire a third physician, the $4,800 would need to be shared among the three physicians. The amounts of the stipends are fixed; physicians are not compensated based on the actual amount of time that they spend consulting. Physicians and clinic management noted that a 3% raise was recently applied to all FFS in Ontario, but not to the NP stipend. The clinic has raised funds to "top-up" physician compensation.

NPs said they would like to have more consultation time available. The new site opening in Lively will likely lead to greater requirements for consultation according to clinic NPs and physicians. Key informants across all groups of stakeholders said that the current compensation model is inadequate and needs to be addressed. The current compensation model promotes the dynamic that the less time a physician spends in consultation and seeing patients, the more lucrative it is for them. It presents several barriers to achieving successful physician integration.

4.2.2 Barriers to integration

Separation from the team. The current compensation model does not promote physician involvement in the clinic. Key informants across all groups said that the clinic would benefit from increased physician involvement. Physicians do not participate in a number of clinic activities because the stipend is insufficient. The physicians believe that the clinic would benefit if they could play a stronger administrative role. For example, physicians currently do not attend monthly clinical team meetings, nor do they participate in hiring clinic staff. There was physician participation in developing medical directives for the clinic; however, no compensation was provided for this.

If resources were available, physicians could offer training in areas where knowledge gaps are identified. For example, they could offer in-services on certain illnesses. Yet there is no opportunity for learning from physicians other than direct consultation, which is limited. In addition, physicians do not always have the opportunity to provide suggestions for the clinic and are apparently not always privy to information at the clinic. Key informants recognized that having the physicians' input and making the physicians feel like part of the team is essential to success; however, the current insufficient remuneration is a major factor hindering their involvement and integration.

Patient complexity. The clinic's patients appear to have complex health needs, and physicians are seeing the patients with the most complex health needs. For example, clinic patients are generally not referred to for well-baby checks, pap tests or regular blood pressure tests, but rather for more complicated conditions. This has financial and other implications. Patients with more complex health issues require longer visits, which can translate to seeing fewer patients per day and fewer billable visits. Physicians require more time to become familiar with patient files because they are not their regular patients and both physicians are only at the clinic on a part-time basis. Physicians see few "repeat patients."

Physicians are also not exposed to the diverse array of patients that they would see in their own practice. They are not necessarily using all of their skills, and usually see patients with higher needs. This can be emotionally draining for them when there is no mix with seeing patients who are healthier.

Referrals. The process of referrals to specialists was seen as inefficient by some key informants, but not by others. Specialists will often not accept referrals from NPs because they are not remunerated as well as they would be if the referral came from a physician. Physicians will therefore often write the referrals themselves or will sign off on referrals written by NPs. Some key informants perceived this as inefficient by having the physicians involved unnecessarily. However, other key informants preferred the collaborative process of writing referrals. One key

informant said that a referral writing workshop provided by a clinic physician would be helpful; however, as mentioned previously, physicians are not compensated sufficiently to conduct such an activity.

4.2.3 Potential changes to current compensation model

A number of key informants said that a salary model for physicians of the NP-Led Clinics could help overcome the barriers to collaboration, as long as the salary is sufficient. Some key informants noted that salaried positions would be attractive for physicians, who could have the option of working reduced hours and with no overhead costs. If FFS compensation is used and if the physician is the only team member not on salary, time management is viewed differently and a true team approach is not achievable. Appropriate compensation will be necessary to achieve successful integration of physicians in the NP-Led Clinic model. However, the Ministry has a funding agreement whereby Ontario Medical Association (OMA) approval is required for any changes to the current funding model. If the NP-Led Clinics initiative is to succeed, then the physician compensation model would need to be adapted and negotiated between the Ministry and the OMA.

4.3 NP-Led Clinic model

The clinic model appears to work well overall, with the exception of the issue of insufficient physician compensation covered in the previous section of this report. This section describes the main benefits and challenges of the NP-Led Clinic model.

4.3.1 Registration and NP compensation

The system of patient registration to the clinic as opposed to enrolment to an individual health care provider is seen as a clear benefit of the NP-Led Clinic model because it ensures continued access to care for individuals registered with the clinic. Patient registration with the clinic represents a key difference between the FHT model and the NP-Led Clinic model. With patient enrolment, as in the FHT model, patients enrol with a specific physician by completing an enrolment form that is sent to the Ministry. With the NP-Led clinics, patients are not enroled with a specific person; rather they are registered with the clinic itself. If an NP departs from the clinic, whether permanently or for vacation, their patients would still have a health care provider available to them. Focus group participants expressed that they have a sense of security in knowing that they will have continued access to health care.

The current model of compensating NPs appears to be appropriate. NPs are paid on a salary basis, and not on an FFS basis. NPs, Board members, and other stakeholders agreed that this model of compensation has had a positive impact on the care that is provided. Individual NPs have no overhead costs and the amount of time they can spend with each patient is not determined by FFS. Several focus group participants were aware that the method of NP compensation is salary-based. These participants preferred this type of model instead of a FFS model because it removes any correlation between the amounts of time spent with each patient and the compensation received. Focus group participants believed that this model of care leads to

increased time spent with each patient and inferred that individuals therefore receive additional attention and more thorough care.

The clinic's NPs have professional development opportunities and benefits. At the time of this evaluation, key informants indicated that the NP-Led Clinics should have access to the Quality Improvement and Innovation Partnership (QIIP), a partnership established by the Ministry to support the development and implementation of FHTs in Ontario. Recent communication with the Ministry has indicated that this is currently underway.

4.3.2 NP scope and roles

The clinic model facilitates NPs in functioning to their full scope of practice, which the clinic's NPs are satisfied with. Key informant interviews indicated that prior to working at the clinic, NPs were often not practicing to their full scope. Some were not employed; others were practicing as Registered Nurses. Some were practicing as NPs, but not to their full scope. The experience levels of NPs at the clinic vary. Mentoring opportunities between NPs help new NPs to become familiar with their scope sooner than if they were working independently.

The clinic has developed a set of medical directives to allow the clinic's NPs to order tests and prescribe medications that are beyond their scope. The clinic is also lobbying for an expansion of the legislative scope of NPs; NPs identified provincial legislative barriers as impeding them from functioning to their full scope.

Despite limited physician involvement in the clinic, the collaborative relationships between the NPs and physicians and among NPs are evident. NPs, physicians, Board members, and clinic management indicated that this sense of teamwork at the clinic helps facilitate NPs in functioning to their full scope of practice, and the working team environment was cited by a number of key informants as one of the reasons for the success of the clinic. Patients who participated in the focus groups also had positive comments about the ability of clinic NPs and physicians to work as a team.

The roles and responsibilities of NPs are clear to the NPs at the clinic. These responsibilities are defined and are accessible to clinic staff on the shared computer drive, along with clinic policies and human resources policies. NPs also received hard copies of these documents, and are given the opportunity to become familiar with them. However, there are some grey areas. For example, the amount of time that physicians should continue seeing patients was not always clear. When is the patient ready to return to seeing their NP instead of the physician? In addition, the NP role may not always clear to physicians at the clinic. Key informants recommended that training for physicians about the role of an NP be provided. However, this would be additional work for physicians that again, would not be adequately covered by the current stipend amounts.

Initially, there was a learning curve in terms of how the roles of different team members are played in the run of a day. For example, the clinic's physicians have different styles of operation, which NPs need to learn over time. Similarly, the clinic's physicians learned that the experience levels of NPs at the clinic are varied and communication needs to be varied accordingly. Over time, physicians became more familiar with the different levels of experiences of the NPs. Clinic team members had to determine in what circumstances the patient should be seen by both an NP and a physician. The exact logistics of formal and informal consultations needed to be defined.

Key informants recommended that such logistics of how a day will flow be discussed at the onset of future clinics.

4.3.3 Accountability and leadership

Most key informants were satisfied with the system of accountability within the clinic. NPs and Board members were generally supportive of having the Clinic Director be an NP, because knowledge of clinical issues was seen as an essential asset for someone who makes management decisions. The logic is that as someone who is familiar with the NP scope of practice, an NP can better understand the challenges faced by the clinic than someone who is not an NP. Other key informants said although having the Clinic Director be an NP works well for the SDNPC, this arrangement may not be necessary in all future NP clinics. However, these key informants said that it would be necessary to have a senior NP or physician responsible for the larger clinical decisions. Some key informants noted that having the Clinic Director spend half of the time as an NP results in a heavy workload for this individual. As discussed in Section 4.3 of this report, increased physician involvement in the clinic was recommended. Physicians could play a stronger administrative role in the clinic that could come with a more appropriate compensation model.

The BOD was seen as a strong advantage of the clinic. There is a requirement that 50% of Board members be NPs, and a number of key informants expressed the necessity of having NPs serve on the clinic's BOD because this increases the Board's contextual understanding of any issues that may arise. However, key informants also highlighted that having a BOD composed of people from diverse backgrounds is advantageous because of the unique, multiple backgrounds and talents brought to the table. Key informants also said that having Board members and the Clinic Director be regulated health professionals was a benefit, because it helps ensure adherence to certain standards.

Although the topic of liability was not a prominent issue studied, a couple of key informants raised the subject. Because of the model of shared care, with different health care professionals providing care to the same individual in different circumstances, it was not clear to all key informants with whom patient accountability rests. Some key informants mentioned that they take detailed notes of their patient encounters for this reason.

4.3.4 Reporting

The clinic completes reporting forms for the Ministry; however, the usefulness of the current reporting system is questionable.

The clinic submits reports to the Ministry that document patient encounters and amounts of time spent in consultation with physicians. NPs at the clinic believed that this system of reporting does not capture appropriate results. For reporting patient encounters, NPs said that the current forms do not allow for the capturing of the complexities of the patients being seen, and described the forms as being "too generalized." NPs also said that it is difficult to report with the physician consultation forms because of the fluid nature of the informal consultations.

Another major concern about reporting is that the key informants, in particular NPs, are not aware of how this information is being used and would like to see what is done with the results of completed forms. In addition, NPs said that completing the forms is time-consuming and they are not always instructed on how to complete them. Apparently within the clinic, different individuals complete the forms in different ways. Finally one key informant suggested that forms could be tailored for individual sites/regions, given that the prevalence of certain health issues can vary by region.

4.4 Patient satisfaction

Patients are generally highly satisfied with all aspects of the clinic. The high response rate in the patient feedback survey was telling. Of the 970 questionnaires mailed out, 603 were received. From our experience, a response rate of 62% is excellent and considerably higher than what is normally expected for a mail-out survey. With a mail-out survey such as this, we would consider a response rate of approximately 30% to be respectable. Along with the high response rate, patients showed a high level of satisfaction with the clinic's services, physical set-up, and accessibility. This section describes patient satisfaction in these three areas.

4.4.1 Services

Patients showed an overwhelmingly high level of satisfaction with the services they receive from their NP, in both the survey and the focus groups. The 2009 Client Satisfaction Survey prepared by the clinic BOD also showed high patient satisfaction (SDNPC, 2008a[6]).

In the survey conducted by PRA, a total of 96% of respondents said they were either very satisfied or somewhat satisfied with services they received from their NP. Only 2% were somewhat or very dissatisfied, and 2% were neutral on the issue. Table 10 summarizes these results.

Table 10: How satisfied are you with the services you receive from your Nurse Practitioner? (Q. 7)

Level of satisfaction	% patients (n=603)
Very satisfied	87%
Somewhat satisfied	9%
Neutral	2%
Somewhat dissatisfied	1%
Very dissatisfied	1%
No response	1%

Total percentage may not total to 100% due to rounding.

The survey results showed satisfaction quantitatively; however, focus groups allowed for a greater understanding of the extent to which patients are satisfied and the nature of their satisfaction. All focus group participants across the three sessions were unanimously satisfied with the services provided by their NP. The main reasons for high satisfaction were the attitude of the NPs, and the thoroughness of care provided, including health education.

Focus group participants were impressed with the "bedside manner" of their NPs. They said that the excellent listening skills of the clinic's NPs, along with their caring, friendly and respectful approach to health care provision allowed participants to feel comfortable about expressing their health issues and asking any questions they have. In addition, participants mentioned that the atmosphere in the clinic is a positive one. This approach to health care is one that most participants had not experienced with previous health care providers. Participants indicated that they were satisfied with the services provided by the clinic's physicians, and appreciated that they have access to a physician if needed.

The thorough health care that patients receive is another reason for their high satisfaction. Across all groups, focus group participants said that NPs are spending more time with them individually than did their previous health care providers. They also said they had never before undergone such comprehensive health examinations and tests, which they appreciated. Participants also valued the consistent follow-up after appointments and tests, and said that if an NP does not know an answer to a question, they will find it. As mentioned in Section 4.4.1, several focus group participants attributed the thorough care they receive to the fact that NPs are compensated based on salary instead of an FFS model. Focus group participants said that the positive attitudes and thoroughness of service provision contribute to addressing the root causes of their health issues. Several focus group participants and survey respondents attributed the fact that they are alive to the clinic, saying that their health issues could not have gone unchecked and untreated for any longer.

Both survey respondents and focus group participants are pleased with the health education they receive from their NP. The survey indicated that 82% of respondents agree that because of the clinic, they feel better prepared to manage their own health and wellness, and prevent illness and worsening of their health. Focus group participants said they were encouraged to ask their NP questions if they did not understand something, and that NPs provide them with health education and the tools to manage their own health. A couple of participants expressed appreciation for being able to view their own medical records.

A total of 6% (n=36) of survey respondents participated in a program offered by the clinic (either Smoking Cessation, HPV Immunization, or Why Weight?). A total of 72% of these respondents were satisfied, 14% were neutral, and 6% were dissatisfied with the program they participated in. These results are summarized in Table 11.

Table 11: Overall satisfaction of respondents' participation in clinic programs

Level of satisfaction	% (n=36)
Satisfied	72%
Neutral	14%
Dissatisfied	6%
No response	8%

4.4.2 Physical set-up of clinic

Patients were satisfied with the physical set-up of the clinic, including parking and accessibility by public transit. There was also a high level of satisfaction with the comfort of the waiting room and examination rooms.

Table 12 shows the survey respondents' levels of satisfaction with different aspects of the physical set-up of the clinic.

Table 12: In terms of the physical set-up of the clinic, (Q. 10):

(n=603)	% who agree	% who are neutral	% who disagree	Don't know/ no response
I can always find a seat in the waiting room	97%	1%	2%	1%
The examination rooms are comfortable	95%	4%	1%	1%
Parking is easy to find	95%	1%	1%	3%
The waiting room is comfortable	90%	9%	2%	<1%
The clinic is easily accessible by public transit	65%	4%	1%	30%

Total row percentages may not total to 100% due to rounding.

Note that in the above table, 30% of survey respondents could not rate accessibility by public transit. If "don't know / no response" is excluded from the results, then 93% of respondents agree that the clinic can be easily accessed by public transit.

4.4.3 Access

Since the clinic opened in Sudbury, the clinic's patients believe that their access to health care has improved. When compared with their previous health care situations, participants' wait times have decreased. A condition of registration for potential clinic patients is that they do have a health care provider. Therefore, the difference patients perceive in wait times is likely amplified by the fact that they previously had no primary health care provider, and were likely attending emergency rooms and walk-in clinics for their health care needs. Several key informants pointed out anecdotally that the local emergency room was experiencing decreased numbers since the opening of the clinic. In the survey, 85% of respondents said that the waiting time for them to see an NP is shorter than it used to be to see a doctor.

Focus group participants said that it is easier to get referred to another health care provider since coming to the clinic. This aligns with the survey results; a total of 71% of respondents said it is easier to get referred to another health care provider when needed. The patients participating in focus groups also supported the idea of having "one-stop-shopping," with several health care services available under one roof. They were interested in seeing the clinic offer even more services than it currently has.

Some focus group participants said that prior to the establishment of the clinic, they were traveling outside the Sudbury region for their primary health care. They appreciated that they now have access to health care in their own community of Sudbury. Other participants appreciated that they no longer needed to attend walk-in clinics or emergency rooms, where waiting times can be long and crowded waiting rooms can increase their risk of becoming ill.

Several focus group participants suggested that the clinic's hours of operation could be extended into the evening to allow for appointments outside of working hours. This was also a finding in the internal client satisfaction survey conducted by the clinic. However, other participants did not believe this was necessary saying people can expect their appointments to begin on time, and can typically attend appointments on their lunch hour without having to miss work. Focus group participants also commented that it can sometimes be difficult to reach the clinic by phone because there is only one line.

Respondents of the patient feedback survey believed that the clinic is an effective way to improve the delivery of health care services in Sudbury. Table 13 summarizes this finding.

Table 13: Overall, do you think that Nurse Practitioners are an effective way of improving the delivery of health care services in Sudbury? (Q. 14)

Response	% patients (n=603)
Yes	95%
No	1%
Don't know/not sure	3%
No response	2%

Total percentage may not total to 100% due to rounding.

Approximately 77% of survey respondents explained why they do or do not support the above statement in the final open-ended question of the survey. These responses were grouped into themes and coded, and the main emerging themes are summarized in Table 14.

Table 14: Overall, do you think that Nurse Practitioners are an effective way of improving health care delivery services in Sudbury? Please explain why or why not. (Q. 15)

Reason provided	# respondents (n= 462)	% respondents
Primary health care otherwise unavailable	203	44%
NPs provide personalized service	116	25%
Visits not rushed/receive detailed explanations	106	23%
More accessible/easy to get to an appointment	103	22%
NPs are knowledgeable, efficient, thorough, effective	102	22%
Physician and specialist referrals are available when necessary	69	15%
Negative comments	10	2%

Total sums to more than 100% because respondents could provide more than one response.

The above table shows that just under half of those who responded to the open-ended question said that they support the NP model because primary health care was otherwise unavailable to them.

Of the 462 people who provided an open-ended response, 10 comments were negative. The 10 negative comments included criticisms about having to pay for missed appointments, the strictness of being on time for appointments, a sense of discomfort with the knowledge of the NP, and suggestions for increased hours of operation (e.g., evenings).

Focus group participants said that creating more NP-Led clinics is a good idea, both across the province and within Sudbury. The focus group participants were wary about increasing the

patient capacity of the SDNPC by too much, fearing that it could compromise the current high quality of services they are receiving.

5.0 Conclusions and lessons learned

This section of the report contains the conclusions and lessons learned. A response is presented for each evaluation question (see Table 4, page 12 of this report).

5.1 Rationale

The following evaluation question explores the rationale of the clinic.

1. What considerations led the MoHLTC to develop the Sudbury District NP Clinic? What issue(s) was the clinic intended to address?

The clinic was established in Sudbury due to the shortage of physicians in the area and the resulting high number of patients with no primary health care provider. There were NPs living in Sudbury who were not employed and who lobbied for the clinic, which led to its establishment. The clinic provides a setting where NPs can function to their full scope of practice, providing primary health care for patients who did not previously have a health care provider.

5.2 Design and delivery

The following evaluation question explores the rationale of the clinic.

2. Has the clinic faced challenges in its implementation? If yes, what were the challenges and how were they overcome?

The clinic experienced implementation challenges with patient complexity, clerical support, the EMR system, space and delays in receiving funding.

- The EMR system is essential and beneficial to the operation of the SDNPC, especially given the collaborative approach to health care. Having an EMR system is recommended for future NP clinics. Future NP-Led Clinics should ensure that a high-quality EMR service provider that is available for communication when issues arise is selected.
- It would be beneficial for all future NP-Led Clinics to have in place appropriate clerical support from the onset so that NPs do not need to take on clerical duties. This has impacted operations initially in the case of the SDNPC.
- Space at the clinic was found to be a limitation, which limits, to some extent, the number of patients that can be registered at the clinic. The new clinic opening in Lively will not resolve the issue because more staff will be joining the team. Future clinics should ensure appropriate space from the onset of operations, ensuring that the facilities they select will meet their immediate and future needs.
- It appears that delays in receiving budget approvals and funding from the Ministry have affected the clinic. The Ministry should ensure sufficient staffing and that such delays are minimized.
- The next 25 clinics should learn from the experiences of the SDNPC by communicating with the SDNPC about the implementation challenges it faced. The Ministry could provide support for the SDNPC to share information about best practices and lessons learned with other clinics.

3. Are the current program delivery mechanisms and structure appropriate and effective?

There is a high level of support for the model of delivery of care at the SDNPC. It is focused on patients who appreciate the short wait times, thorough care and services they receive. The management structure with a Clinical Director as an NP appears to work well and is appropriate for the SDNPC. This management structure may not be necessary in for all future NP-Led Clinics. However, for all future clinics, there should be a regulated health professional in charge of all clinical operations to ensure that someone with appropriate expertise is involved in decisions made.

4. Does the current reporting system allow for the clinic to adequately communicate their results?

The current reporting system by the clinic to the Ministry was found to be inappropriate. NPs said that the patient encounter forms are too generalized and do not capture patient complexity. NPs said the physician consultation forms may not be capturing accurate information because it is difficult to document time spent consulting informally since it is so fluid. In addition, no key informants were aware of how the results are being used. Both the patient reporting forms and the consultation reporting forms need revisions so that the information collected is useful. The forms should be redesigned with a goal in mind of how the completed forms will be used, and individuals completing the forms should receive training on how to do so to ensure consistency in data collection. Forms could be tailored for different sites depending health issues specific for the regions.

5. What, if any, issues are there with NP/doctor integration? Is the level of physician consultation appropriate?

- Physicians are not fully participating as team members in the clinic because the compensation model is insufficient and because of the complexity of the clinic's patients. It appears that the clinic would benefit from more physician involvement and input, and physicians would like to play more of an administrative role in the clinic. It is recommended that physicians become more involved in the clinic, which would be possible with a new compensation model (see Question 9 in this conclusion).

- There was an initial learning curve where staff at the clinic was learning how roles play out in the run of a day. For future clinics, logistics of the way in which clinic team members play their roles needs to be discussed at the onset of clinic operations.

- More physician consultation time would be appropriate. NPs would like to have more consultation time available and the new clinic opening in Lively will likely increase the consultation time needed.

6. Are the NPs functioning to the full scope of their practice? What factors facilitate or impede the NPs from functioning to their full scope?

NPs at the clinic are functioning to their full scope of practice. The nature of the clinic model facilitates this because NPs are primary health care providers and therefore deal with a broad range of health issues. The clinic has also developed medical directives that facilitate NPs in functioning to their full scope. The collaborative relationship among NPs and between the NPs and physicians is another factor facilitating NPs in functioning to their full scope. Future NP-Led

Clinics could ensure that individuals hired to work at the clinics have the ability to work in a team setting.

7. Are there any concerns about NP role clarity and scope of practice? If so, how could these concerns be mitigated?

There are two main concerns about NP role clarity and scope of practice:

- The role and scope of practice of NPs at the clinic are clear among NPs. Patients appear to understand the basic differences between NPs and physicians. However, the role and scope of practice of NPs at the clinic is not always clear to the clinic's physicians. Physicians could be provided with training about the role of NPs at the clinic.
- Although patients of the clinic generally understood the role of their NP, the general public may not. There is an apparent need to increase public understanding about the role of an NP and the NP-Led Clinics initiative in general. The negative media attention generated by physicians questioned the effectiveness, quality of care received, and potential costs of the clinics. This may have created a lack of confidence in the clinic and the initiative, and a sense that there is dissention among health care workers. Negative media attention may occur in other areas where NP-Led Clinics are being implemented. A provincial media campaign led by the Ministry was recommended to increase public understanding about the initiative. The campaign should focus on educating the public about how health services are delivered in this type of model, including the roles of NPs and physicians at the clinics.

8. Is the NP workload appropriate? What factors affect their workload?

The current workload of NPs at the clinic appears to be appropriate, which indicates that the current number of patients registered with the clinic is appropriate. The opening of the new site in Lively is expected to increase the number of patients registered with the clinic to some extent; however, it will not likely be possible to reach the goal of 4,800 patients by August 2010 while maintaining the quality of services it is currently providing. This is in part due to the fact that many of the clinic's patients have complex health issues, requiring more time and attention from both NPs and physicians. Increasing registration to meet the target number would likely have an impact on the qualities of the clinic that patients believe are so beneficial, such as thorough care and short wait times. The Ministry can look to the capacity of the SDNPC when planning for future clinics to estimate the number of patients that can be served.

9. Is the current physician compensation model appropriate? Why or why not?

The current physician compensation model is not appropriate, and was identified as the most serious concern in this evaluation. If the model is not changed, there will be considerable challenges in implementing the next 25 NP-Led Clinics because it will be difficult to recruit and retain physicians. The current compensation model is apparently not competitive with other potential sources of income for physicians and it limits physician involvement and input into the clinic, which hinders collaboration. Providing physician remuneration in the form of a salary-based model or hourly wages is a possible solution. If the next 25 NP-Led Clinics are to succeed, a new model of compensation needs to be established and negotiations between the Ministry and the OMA would be necessary.

5.3 Satisfaction

The following two questions address satisfaction.

10. How satisfied are patients with the services provided by the NPs? How satisfied are the patients with the clinic itself?

Patients are generally highly satisfied with the services they receive from the clinic and with the clinic itself. The high survey response rate in itself indicates a high level of interest in providing feedback about the clinic. Given the overall positive responses in the survey, it can be inferred from the high response rate that patients were keen to express their support for the clinic. They appreciate the positive and respectful attitude of their NP, and are comfortable asking questions. Patients also appreciated having access to physicians when needed, and are satisfied with the thorough care they receive. They appreciate the amount of time that is spent with them per visit and the good listening skills of their NP.

11. How satisfied are the NPs, doctors, and other stakeholders with the clinic?

The NPs, doctors, and other stakeholders who were interviewed generally showed a high level of satisfaction with the clinic. NPs appreciate being able to function to their full scope efficiently and in an empowering setting. The clinic's doctors are satisfied with the model and setting with the exception of the current physician compensation model, which is not appropriate. Both physicians would like to play a stronger administrative role. Because of insufficient remuneration, physicians are not as involved in the clinic as they would like to be. Key informants from all stakeholder groups agreed that more physician involvement would benefit the clinic. NPs, doctors, and other stakeholders are generally satisfied with the leadership at the clinic, expressing that strong leadership with dedicated team members was a necessary component for the clinic's success. Such leadership will be a key asset in ensuring the success of future clinics.

5.4 Impact

The final two evaluation questions respond to the issue of impact.

12. Do patients perceive any differences in primary health care in their communities since the implementation of the Sudbury District NP Clinic?

Patients registered at the clinic perceive major differences in the primary health care they receive since the clinic was opened, especially given that prior to the clinic, they had no primary health care provider. They were largely attending walk-in clinics and emergency rooms for their health needs. Because of the clinic, they experience shorter wait times and feel better prepared to manage their own health. It is likely that NP-Led Clinics in other areas of the province could have a similar impact.

13. What impact has the clinic had on access to primary health care?

By providing primary health care access to individuals who previously had none, the clinic appears to be an effective way to improve access to primary health care in Sudbury.

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APPENDIX A

Interview Guides

Evaluation of the Sudbury District Nurse Practitioner Clinics
Interview Guide for Doctors

The government of Ontario is establishing 25 Nurse Practitioner-led clinics, aiming to improve access to family health care services in the province. The Sudbury District NP-led Clinic, the first in the province, was opened in August 2007 as a three-year pilot project. The Ontario Ministry of Health and Long-Term Care has engaged PRA Inc. to conduct an evaluation of the clinic. The evaluation will support the ongoing operation of the clinic in Sudbury, and will inform the implementation process for the 25 new clinics being established in other regions of Ontario.

As part of the evaluation process, we are conducting interviews with a number of key informants. The information you provide is for research purposes only and will be administered in accordance with the *Privacy Act* and any other applicable privacy laws. The information collected in this interview is confidential, and no individuals will be identified in any report resulting from this study.

Background

1. Please describe your experiences in the field of health services. When did you become involved with the Sudbury District Nurse Practitioner Clinic?

Rationale

2. What are the main issues that the Sudbury District Nurse Practitioner Clinic is intended to address?

Design and delivery

3. Do you believe that your role as a doctor at the clinic is clear? Do you believe the roles and responsibilities of the NPs, clinic management, and other clinic staff are clearly defined?

4. Are the Nurse Practitioners at the clinic functioning to their full scope of Registered Nurse in the Extended Class practice? If yes, what factors have facilitated their functioning to the full scope of their practice? If not, what factors have impeded their functioning to the full scope of their practice?

5. What are the main reasons that Nurse Practitioners consult with you? How much time do you spend in formal consultation with Nurse Practitioners (per day/week/month)? In your view, is this an appropriate amount of time?

6. Please describe the process by which Nurse Practitioners refer patients to you. Do the Nurse Practitioners refer patients to other health professionals? To specialists? If yes, please describe these processes.

7. Is the current shared care model appropriate? What, if any, changes would you make to the model?

8. Is the current model for compensating doctors appropriate? Are any changes needed to this model?

Satisfaction

9. How satisfied are you with the clinic? What have you observed about patient satisfaction with the clinic?

Impact

10. What lessons have been learned from your experiences? In your opinion, what were the elements of success in implementing the clinic?

11. What advice would you give to the Ministry of Health and Long-Term Care in implementing the next 25 clinics in Ontario?

Conclusion

12. Is there anything else you would like to add?

Thank you for your participation.

Evaluation of the Sudbury District Nurse Practitioner Clinics
Interview Guide for Nurse Practitioners

The government of Ontario is establishing 25 Nurse Practitioner-led clinics, aiming to improve access to family health care services in the province. As you are aware, the Sudbury District NP-led Clinic, the first in the province, was opened in August 2007 as a three-year pilot project. The Ontario Ministry of Health and Long-Term Care has engaged PRA Inc. to conduct an evaluation of the clinic. The evaluation will support the ongoing operation of the clinic in Sudbury, and will inform the implementation process for the new 25 clinics being established in other regions of Ontario.

As part of the evaluation process, we are conducting interviews with a number of key informants. The information you provide is for research purposes only and will be administered in accordance with the *Privacy Act* and any other applicable privacy laws. The information collected in this interview is confidential, and no individuals will be identified in any report resulting from this study.

Background

1. Please describe your experiences in the field of health services. When did you become involved with the Sudbury District Nurse Practitioner Clinic?

Rationale

2. What are the main issues that the Sudbury District Nurse Practitioner Clinic is intended to address?

Design and delivery

3. Please describe the management structure of the clinic. Do you think the structure is appropriate?

4. Are you aware of any challenges that the clinic has faced in its implementation? If yes, what were these challenges, and how were they resolved?

5. Do you believe that your role as an NP at the clinic is clear? Do you believe the roles and responsibilities of clinic management, doctors, and other clinic staff are clearly defined?

6. Are you functioning to the full scope of Registered Nurse in the Extended Class practice? If yes, what factors have facilitated your functioning to the full scope of practice? If not, what factors have impeded your functioning to the full scope of practice? [*Do you believe there is a clear understanding of the role of an NP among patients? Among the community of Sudbury?]*

7. What is the size of your workload? What is your client caseload? Would you be able to take on any more patients than you currently have? *[Are you satisfied with the registration process?]*

8. What are the main reasons for consulting with doctors? How much time do doctors spend in formal consultation with you (per day/week/month)? In your view, is this an appropriate amount of time?

9. Please describe the process of referring patients to doctors. Do you refer patients to other health professionals? To specialists? If yes, please describe these processes.

10. Is the current share care model appropriate? What, if any, changes would you make to the model?

11. Is the current model for compensating doctors appropriate? Are any changes needed to this model?

12. Does the current reporting system capture appropriate information? Does it allow for good communication of results?

Satisfaction

13. How satisfied are you with the clinic? What have you observed about patient satisfaction with the clinic?

Impact

14. Based on your observations, does the community being served perceive any changes in access to primary health care?

15. What lessons have been learned from your experiences? In your opinion, what were the elements of success in implementing the clinic?

16. What advice would you give to the Ministry of Health and Long-Term Care in implementing the next 25 clinics in Ontario?

Conclusion

17. Is there anything else you would like to add?

Thank you for your participation.

Evaluation of the Sudbury District Nurse Practitioner Clinics
Interview Guide for Board Members

The government of Ontario is establishing 25 Nurse Practitioner-led (NP) clinics, aiming to improve access to family health care services in the province. The Sudbury District NP-led Clinic (SDNPC) opened in August 2007 as a 3-year pilot project. The Ontario Ministry of Health and Long-Term Care has engaged PRA Inc. to conduct an evaluation of the clinic. The evaluation will support the ongoing operation of the clinic in Sudbury, and will inform the implementation process for the new 25 clinics being established in other regions of Ontario.

As part of the evaluation process, we are conducting interviews with a number of key informants. The information you provide is for research purposes only and will be administered in accordance with the *Privacy Act* and any other applicable privacy laws. The information collected in this interview is confidential, and no individuals will be identified in any report resulting from this study.

Background

1. What is your role on the SDNPC Board of Directors? How long have you served on the Board?
2. Please briefly describe the mandate and activities of the Board of Directors.
3. How was the Board involved in the implementation of the Sudbury District Nurse Practitioner Clinics?

Rationale

4. What are the main issues that the Sudbury District Nurse Practitioner Clinic is intended to address?
5. In your opinion, what are the benefits and/or drawbacks of NP-led clinics, when compared with physician-led clinics?

Application

6. Was the Board of Directors involved in the application process? Were you involved in the application process?
7. If yes, how satisfied were you with the process of applying to the Ministry for funding for the clinic?

Design and delivery

8. Has the Board of Directors been beneficial for the clinic? Please explain. *[Are there any changes you would make in the functioning of the BOD?]*
9. Please describe the management structure of the clinic. Do you think the structure is appropriate?
10. Is the current model for compensating doctors appropriate? Are any changes needed to this model? Please explain.
11. Please describe the current reporting system. Does this system capture appropriate information? Does it allow for good communication of results?

Implementation

12. Are you aware of any challenges that the clinic has faced in its implementation? If yes, what were these challenges, and how were they resolved?

13. Is the amount of funding the clinic receives from the Ministry appropriate for the clinic's needs?

14. What challenges, if any, do you foresee in the implementation of the 25 NP-led clinics in Ontario?

Impact

15. How satisfied are you with the clinic? What have you observed about patient satisfaction with the clinic?

16. Based on your observations, does the community being served perceive any changes in access to primary health care?

17. Are you aware of any other provinces or countries where NP-led clinics have been implemented? If yes, please describe.

18. What lessons have been learned from your experiences? In your opinion, what were the elements of success in implementing the clinic?

19. What advice would you give to the Ministry of Health and Long-Term Care in implementing the next 25 clinics in Ontario?

Conclusion

20. Is there anything else you would like to add?

Thank you for your participation.

Evaluation of the Sudbury District Nurse Practitioner Clinics
Interview Guide for the Ministry of Health and Long-Term Care

As you are aware, the government of Ontario is establishing 25 Nurse Practitioner-led (NP) clinics, aiming to improve access to family health care services in the province. The Sudbury District NP-led Clinic opened in August 2007 as a 3-year pilot project. The Ontario Ministry of Health and Long-Term Care has engaged PRA Inc. to conduct an evaluation of the clinic. The evaluation will support the ongoing operation of the clinic in Sudbury, and will inform the implementation process for the 25 new clinics being established in other regions of Ontario.

As part of the evaluation process, we are conducting interviews with a number of key informants. The information you provide is for research purposes only and will be administered in accordance with the *Privacy Act* and any other applicable privacy laws. The information collected in this interview is confidential, and no individuals will be identified in any report resulting from this study.

Background

1. Please describe your background in the field of health and your position in Ontario's Ministry of Health and Long-Term Care.
2. Please describe your involvement with the NP-led Clinic pilot project in Sudbury, and your involvement with the larger project to implement 25 NP-led clinics in Ontario.

Rationale

3. What factors led to the Ministry's decision to proceed with the establishment of the first Sudbury District Nurse Practitioner Clinics and of the next 25 NP-led Clinics in Ontario?
4. To your knowledge, to what extent has the decision to implement the NP-led Clinics in Ontario been supported by other health professionals, and the public?

Implementation

5. How were the target areas for the establishment of NP-led clinics selected?
6. Please describe the application and selection processes for determining clinic locations.
7. What is the current stage of implementation for this project? How many applications for the establishment of NP-led clinics has the Ministry received at this point?
8. Please describe how the clinics will be funded, including levels of immediate and long-term support provided by the Ministry.
9. What challenges, if any, do you foresee in the implementation of the 25 NP-led clinics?
10. Please provide any comments you may have on the lessons learned from the Sudbury District NP Clinics pilot project.

Conclusion

11. Is there anything else you would like to add?

Thank you for your participation.

Evaluation of the Sudbury District Nurse Practitioner Clinics
Interview Guide for Stakeholders

The government of Ontario is establishing 25 Nurse Practitioner-led (NP) clinics, aiming to improve access to family health care services in the province. The Sudbury District NP-led Clinic opened in August 2007 as a 3-year pilot project. The Ontario Ministry of Health and Long-Term Care has engaged PRA Inc. to conduct an evaluation of the clinic. The evaluation will support the ongoing operation of the clinic in Sudbury, and will inform the implementation process for the new 25 clinics being established in other regions of Ontario.

As part of the evaluation process, we are conducting interviews with a number of key informants. The information you provide is for research purposes only and will be administered in accordance with the *Privacy Act* and any other applicable privacy laws. The information collected in this interview is confidential, and no individuals will be identified in any report resulting from this study.

Background

1. Please briefly describe the mandate and activities of your organization.
2. Was your organization involved in the implementation of the Sudbury District Nurse Practitioner Clinics? If yes, please describe your involvement.
3. Has your organization been involved with the larger project to implement 25 NP-led clinics in Ontario? If yes, please describe your involvement.

Rationale

4. What are the main issues that the Sudbury District Nurse Practitioner Clinic is intended to address?
5. In your opinion, what are the benefits and/or drawbacks of NP-led clinics, when compared with physician-led clinics?

Implementation

6. What challenges, if any, do you foresee in the implementation of the 25 NP-led clinics in Ontario?
7. Are you aware of any other cases or regions where NP-led clinics have been implemented? If yes, please describe.
8. Do you see any alternatives to NP-led clinics that could be used by the Ministry of Health and Long-Term Care to address the lack of health care services in underserviced regions of the province?
9. What advice would you give to the Ministry of Health and Long-Term Care as they proceed with the implementation of the next 25 NP-led clinics in Ontario?

Conclusion

10. Is there anything else you would like to add?

Thank you for your participation.

APPENDIX B

Focus Group Guide

Evaluation of the Sudbury District Nurse Practitioner Clinics
Guide for Patient Focus Groups

Hello everyone. Our research company, PRA Inc., has been hired to evaluate the Sudbury District Nurse Practitioner Clinics. As part of this study, we are holding focus groups with patients of the clinic. We'd like to hear your opinion of the clinic, including its strengths and weaknesses, and suggestions for improvement that you might have.

We are going to discuss these issues over the next hour. We are interested in everyone's opinions; everyone will get a chance to speak.

Your participation in this focus group is voluntary and confidential. Your comments will not be linked to you, but we will write a summary of what everyone in the group said. Nothing you say today will affect the services you get in this community or anywhere else.

We are tape-recording this discussion only so that we can make accurate notes afterwards. Does anyone have any questions before we start?

1. [*Ask each person to introduce themselves and say how long they have lived in Sudbury.*]
2. How did you find out about the Sudbury District Nurse Practitioner Clinics?
3. Is the role of a Nurse Practitioner clear to you?
4. Has your access to health services changed since the clinic opened? If so, how?
5. How satisfied are you with the services you receive from your Nurse Practitioner?
6. How satisfied are you with the clinic (for example, the set-up of the building, hours of operation, wait-times)?
7. How satisfied are you with the referral process the Nurse Practitioners use (i.e., referral to doctors and other health providers)?
8. The Ministry of Health and Long-Term Care is in the process of implementing another 25 Nurse Practitioner-led clinics in Northern Ontario. Is there any advice you would give the Ministry as they implement these clinics?
9. Is there anything else you would like to add?

Thank you for your participation.

APPENDIX C

Cover Letter Patient Feedback Survey

Sudbury District
Nurse Practitioner Clinics
359 Riverside Drive, Suite 107, Sudbury, ON P3E 1H5
Phone 705-671-1661 Fax 705-671-0177 Internet www.sdnpc.ca

May 12, 2009

Dear Sir or Madam,

We would like to invite you to take part in this pre-test survey about the Sudbury District Nurse Practitioner Clinic. The Ontario Ministry of Health and Long-Term Care is conducting a standard evaluation of the clinic. The Ministry is proceeding with its plan to implement another 25 Nurse Practitioner (NP)-led clinics in Ontario, and this evaluation will help inform that process.

As a patient of the Sudbury District Nurse Practitioner Clinic, we are interested in hearing your views. This confidential survey is intended to obtain feedback about your satisfaction with the clinic. The important information you and others provide will help the clinic to identify areas for improvement, and will provide useful information for the future NP-led clinics in Ontario. The questionnaire should only take about 15 minutes to complete, and a pre-paid return envelope is enclosed for you to return the questionnaire.

You are one of ten people being asked to complete this questionnaire in advance. Your comments will be used to help improve the survey. As you complete the questionnaire, please make a note beside any questions you find confusing or unclear, and explain what is unclear. In addition, the final question provides space for you to make additional comments about the survey and offer any suggestions for its improvement.

Your participation is entirely voluntary. We hope you will participate and provide as much information as possible. We want to give you every opportunity to participate in this study. Your answers will be kept strictly confidential and will be combined with those of others in the final report. Individual survey answers will not be shared with anyone. We would appreciate it if you could take the time now to complete and return your questionnaire.

To protect your privacy, all questionnaires were sent directly from the clinic and your contact information has not been shared with any outside party. This survey is anonymous; you do not need to include your name.

To manage the survey process and also to ensure confidentiality, the Ministry has engaged the services of PRA (Prairie Research Associates) Inc. PRA is an independent, national research firm that is under contract to the Ministry.

If you would like more information about the survey, or have questions on how to complete the questionnaire, please do not hesitate to call Sarah Fraser of PRA at 1-866-422-8468 (toll-free).

Thank you in advance for your participation!

Sincerely,

Marilyn Butcher
Clinic Director
Sudbury District Nurse Practitioner Clinic

Sudbury District
Nurse Practitioner Clinics
359 Riverside Drive, Suite 107, Sudbury, ON P3E 1H5
Phone 705-671-1661 Fax 705-671-0177 Internet www.sdnpc.ca
May 12, 2009

Monsieur / Madame,

Nous aimerions vous inviter à participer au pré-test du sondage portant sur la clinique Sudbury District Nurse Practitioner, laquelle fait actuellement l'objet d'une évaluation de la part du ministère de la Santé et des Soins de longue durée de l'Ontario. Cette évaluation s'inscrit dans le cadre du plan du Ministère qui vise à créer vingt-cinq nouvelles cliniques dirigées par des infirmières et infirmiers praticiens en Ontario. L'évaluation servira à orienter le processus.

Nous souhaitons connaître votre opinion en tant que patient de la clinique Sudbury District Nurse Practitioner. Ce sondage confidentiel a pour but d'obtenir votre rétroaction quant à votre satisfaction par rapport à la clinique. Tous les renseignements que vous et les autres participants partagerez fourniront des pistes d'amélioration et fourniront de l'information utile pour les futures cliniques dirigées par des l'infirmier(ère)s praticien(ne)s en Ontario. Environ 15 minutes devraient suffire pour remplir le questionnaire. Prière de nous le retourner dans l'enveloppe préaffranchie ci-jointe.

Vous êtes l'une des dix personnes que nous avons invitées à remplir le questionnaire avant sa distribution générale. Vos commentaires permettront d'améliorer le sondage. En remplissant le questionnaire, veuillez noter les questions qui portent à confusion ou que vous ne comprenez pas, et expliquez-en les raisons. De plus, la dernière question vous permet d'émettre d'autres commentaires et suggestions qui nous permettront d'améliorer le sondage.

Votre participation est entièrement volontaire. Nous espérons que vous participerez et que vous nous fournirez le plus d'information possible. Nous souhaitons faciliter votre participation à notre étude. Vos réponses demeureront confidentielles et seront combinées à celles des autres participants dans notre rapport final. Aucune réponse individuelle ne sera partagée avec qui que ce soit. Nous vous serions reconnaissants de bien vouloir prendre le temps de remplir le questionnaire et nous le retourner dans les plus brefs délais.

Afin de protéger votre anonymat, tous les questionnaires ont été envoyés directement de la clinique. Aucune tierce partie ne connaît vos coordonnées. Le sondage est confidentiel : vous n'avez pas à fournir votre nom.

Pour gérer le processus et assurer la confidentialité des renseignements, le Ministère a fait appel à PRA (Prairie Research Associates) Inc. PRA est une entreprise de recherche nationale et indépendante, engagée par le Ministère.

Si vous souhaitez obtenir plus de renseignements sur le sondage, ou si vous avez des questions quant à la façon de remplir le questionnaire, n'hésitez pas à communiquer avec Sarah Fraser de PRA au 1 866 422-8468 (sans frais).

Nous vous remercions à l'avance de votre collaboration!

Cordialement vôtre,

Marilyn Butcher
Directrice de la clinique Sudbury District Nurse Practitioner

APPENDIX D

Questionnaire for Patient Feedback Survey

Evaluation of the Sudbury District Nurse Practitioner Clinic
Patient Feedback Survey

Please take a few minutes to complete this survey. When you have finished, please mail it in the included pre-stamped, pre-addressed envelope. Your response is confidential.

If you are completing this survey based on your own experiences ...	OR	If you are completing this survey on behalf of someone else (i.e., elderly parent, etc.) please indicate ...
In what year were you born? _____		Patient's age _____
What is your gender? ±1 Male ±2 Female		Patient's gender ±1 Male ±2 Female

1. How did you first find out about this health clinic?

±01 Family physician referred me
±02 Another health professional referred me
±03 Community newsletter/newspaper
±04 Received information in the mail
±05 Friend or family member
±06 Public information display or booth
±07 Community meeting
±08 Advertisement
±09 Online
±66 Other *(specify)*_____

_____

2. How long have you been coming to the clinic?

±01 1-6 months
±02 6-12 months
±03 12-18 months
±04 More than 18 months
±88 Don't know/can't recall

3. Approximately how often do you typically visit the clinic?

±01 Once a year
±02 Every 6 months
±03 Every few (2 to 5) months
±04 Once a month
±05 Once a week
±06 More than once a week
±88 Don't know/can't recall

4. For what types of care have you visited the clinic? *(Check all that apply)*

±01 Diagnosis/treatment of a minor illness (e.g., cold, ear infection)
±02 Diagnosis/treatment of a minor injury (e.g., sprain, cut, scrape)
±03 Screening for a chronic disease (e.g., diabetes)
±04 Monitoring of a stable chronic disease (e.g., diabetes, asthma, high blood pressure)
±05 Pregnancy care
±06 Monitoring of infant / child growth and development
±07 Annual health exams (e.g., complete physical)
±08 Health education (e.g., about your medications, your condition)
±09 Individual counselling (e.g., diet, smoking cessation)
±10 Group counselling / teaching activities (e.g., pre-natal classes, sexual health clinic)
±11 Referral to specialist (e.g., cardiologist)
±12 Referral to other health provider (e.g., physiotherapist)
±66 Other (specify)_____

_____

INSTRUCTIONS: Please read each question carefully and check (✓) or write in the appropriate response. When you have finished, return your completed questionnaire by mailing it back in the pre-addressed envelope.

5. Has anyone ever explained the role of the Nurse Practitioner you are seeing at the clinic?

±01 Yes, the Nurse Practitioner explained it
±02 Yes, a physician explained it
±03 Yes, someone else explained it
(specify who) _____
±00 No one explained it
±88 Don't know/can't recall

6. There are differences between the role of a Nurse Practitioner and the role of a family physician. Do you believe you understand what these differences are?

±01 Yes
±00 No
±88 Don't know/unsure

7. How satisfied are you with the services you receive from your Nurse Practitioner?

±05 Very satisfied **(Go to Question 9)**
±04 Somewhat satisfied **(Go to Question 9)**
±03 Neutral (neither satisfied nor dissatisfied) **(Go to Question 9)**
±02 Somewhat dissatisfied **(Go to Question 8)**
±01 Very dissatisfied **(Go to Question 8)**

8. If you were dissatisfied with the services you received, please explain why.

_____
_____
_____
_____
_____
_____
_____

9. Since coming to this clinic, did your Nurse Practitioner identify anything about your health that you were previously unaware of?

±01 Yes *(please identify the condition)*

_____
_____

±00 No
±88 Don't know/not sure

10. Please indicate your level of agreement with each of the following statements.

In terms of the physical set-up of the clinic...	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Parking is easy to find.....	±5	±4	±3	±2	±1	±8
The clinic is easily accessible by public transit	±5	±4	±3	±2	±1	±8
I can always find a seat in the waiting room.....	±5	±4	±3	±2	±1	±8
The waiting room is comfortable	±5	±4	±3	±2	±1	±8
The examination rooms are comfortable	±5	±4	±3	±2	±1	±8

11. Please indicate your level of agreement with each of the following statements.

Since this clinic was started in Sudbury...	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Access to health care services has improved for residents of Sudbury.....	±5	±4	±3	±2	±1	±8
The waiting time to see the Nurse Practitioner is shorter than it used to be to see a doctor.....	±5	±4	±3	±2	±1	±8
It is easier to get referred to another health provider (e.g., physiotherapist) when I need it	±5	±4	±3	±2	±1	±8
I feel better prepared to care for myself and to manage my own health and wellness.....	±5	±4	±3	±2	±1	±8
I feel better prepared to prevent illness / worsening of my health.....	±5	±4	±3	±2	±1	±8

INSTRUCTIONS: Please read each question carefully and check (✓) or write in the appropriate response. When you have finished, return your completed questionnaire by mailing it back in the pre-addressed envelope.

12. Have you ever participated in any of the clinic programs? (i.e., Smoking Cessation Program, HPV Immunization Program, or Why Weight?)

±01 Yes
±00 No **(Go to Question 14)**
±88 Don't know/not sure **(Go to Question 14)**

13. Please indicate your level of satisfaction with the programs that you have participated in.

	Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	Did not participate
Smoking Cessation Program	±5	±4	±3	±2	±1	±0
HPV Immunization Program	±5	±4	±3	±2	±1	±0
Why Weight Program	±5	±4	±3	±2	±1	±0

14. Overall, do you think that Nurse Practitioners are an effective way of improving the delivery of health care services in Sudbury?

±01 Yes
±00 No
±88 Don't know/not sure

15. Please explain why or why not.

Thank you very much for your contribution to this research.

Please send your completed questionnaire by **July 17, 2009** by mail using the pre-stamped and pre-addressed envelope to:

PRA Inc.
500-363 Broadway
Winnipeg, Manitoba R3C 3N9

INSTRUCTIONS: Please read each question carefully and check (✓) or write in the appropriate response. When you have finished, return your completed questionnaire by mailing it back in the pre-addressed envelope.

Sondage auprès des patients dans le cadre de l'évaluation de la clinique Sudbury District Nurse Practitioner

Veuillez prendre quelques minutes pour remplir ce questionnaire. Veuillez retourner le questionnaire dûment rempli dans l'enveloppe préaffranchie ci-jointe. Vos réponses demeureront confidentielles.

Si vous répondez aux questions en fonction de vos propres expériences ...		Si vous répondez aux questions pour quelqu'un d'autre (p. ex., un parent âgé), veuillez indiquer...
En quelle année êtes-vous né(e)? _____	OU	l'âge du patient _____
Vous êtes... ±1 un homme ±2 une femme		Le patient est... ±1 un homme ±2 une femme

1. Comment avez-vous entendu parler de la clinique pour la première fois?

±01 Mon médecin de famille me l'a recommandée.
±02 Un autre professionnel de la santé me l'a recommandée.
±03 Bulletin d'information ou journal communautaire
±04 J'ai reçu de l'information par la poste.
±05 Ami ou membre de la famille
±06 Affiche ou kiosque promotionnel
±07 Rencontre communautaire
±08 Publicité
±09 En ligne
±66 Autre *(précisez)* :_____

_____

2. Depuis combien de temps fréquentez-vous la clinique?

±01 1-6 mois
±02 6-12 mois
±03 12-18 mois
±04 Plus de 18 mois
±88 Je ne sais pas. / Je ne me souviens pas.

3. Environ combien de fois par année fréquentez-vous la clinique?

±01 Une fois par année
±02 Tous les 6 mois
±03 Tous les 2 à 5 mois
±04 Une fois par mois
±05 Une fois par semaine
±06 Plus d'une fois par semaine
±88 Je ne sais pas. / Je ne me souviens pas.

4. Quels types de soins avez-vous reçus à la clinique? *(Cochez tout ce qui s'applique.)*

±01 Diagnostic ou traitement d'une maladie mineure (p. ex., rhume ou infection des oreilles)
±02 Diagnostic ou traitement d'une blessure mineure (p. ex., entorse, coupure, éraflure)
±03 Dépistage d'une maladie chronique (p. ex., diabète)
±04 Observation d'une maladie chronique stable (p. ex., diabète, asthme, hypertension)
±05 Soins durant la grossesse
±06 Observation de la croissance et du développement du nourrisson ou de l'enfant
±07 Examen de santé annuel (p. ex., examen complet)
±08 Éducation sur la santé (p. ex., concernant vos médicaments ou votre condition)
±09 Counselling individuel (p. ex., alimentation, cesser de fumer)
±10 Orientation de groupe ou activités éducatives (p. ex., cours prénataux, clinique sur la santé en matière de sexualité)
±11 Référence vers un spécialiste (p. ex., cardiologue)
±12 Référence vers un autre professionnel de la santé (p. ex., physiothérapeute)
±66 Autre (précisez) :_____

_____

INSTRUCTIONS : Veuillez lire attentivement chacune des questions et cochez (✓) ou écrivez votre réponse. Veuillez retourner le questionnaire dûment rempli dans l'enveloppe préaffranchie ci-jointe.

5. Vous a-t-on déjà expliqué le rôle de l'infirmier(ère) praticien(ne) que vous consultez à la clinique?

±01 Oui, un infirmier(ère) praticien(ne) me l'a expliqué.
±02 Oui, un médecin me l'a expliqué.
±03 Oui, une autre personne me l'a expliqué.
*(Précisez qui est cette personne) :*_____
±00 Personne ne me l'a expliqué.
±88 Je ne sais pas. / Je ne me souviens pas.

6. Le rôle de l'infirmier(ère) praticien(ne) est différent de celui du médecin de famille. Croyez-vous bien comprendre les différences qui existent?

±01 Oui
±00 Non
±88 Je ne sais pas. / Je suis incertain(e).

7. Dans quelle mesure êtes-vous satisfait(e) des services de votre infirmier(ère) praticien(ne)?

±05 Très satisfait(e) **(Passez à la question 9.)**
±04 Plutôt satisfait(e) **(Passez à la question 9.)**
±03 Neutre (ni satisfait(e) ni insatisfait(e)) **(Passez à la question 9.)**
±02 Plutôt insatisfait(e) **(Passez à la question 8.)**
±01 Très insatisfait(e) **(Passez à la question 8.)**

8. Si vous êtes insatisfait(e) des services que vous avez reçus, veuillez en expliquer.

_____
_____
_____
_____
_____
_____
_____

9. Depuis que vous fréquentez la clinique, votre infirmier(ère) praticien(ne) vous a-t-il(elle) appris quelque chose sur votre état de santé dont vous n'étiez pas au courant?

±01 Oui *(Veuillez préciser la condition)*

_____
_____

±00 Non
±88 Je ne sais pas. / Je suis incertain(e).

10. Veuillez indiquer dans quelle mesure vous êtes d'accord ou non avec les énoncés qui suivent.

En ce qui concerne l'aménagement physique de la clinique...	**Entièrement d'accord**	**D'accord**	**Neutre**	**En désaccord**	**Entièrement en désaccord**	**Je ne sais pas**
Les espaces de stationnement sont suffisants	±5	±4	±3	±2	±1	±8
La clinique est facilement accessible par transport en commun	±5	±4	±3	±2	±1	±8
Il y a toujours des sièges disponibles dans la salle d'attente	±5	±4	±3	±2	±1	±8
La salle d'attente est confortable	±5	±4	±3	±2	±1	±8
Les salles d'examen sont confortables	±5	±4	±3	±2	±1	±8

11. Veuillez indiquer dans quelle mesure vous êtes d'accord ou non avec les énoncés qui suivent.

Depuis l'ouverture de la clinique à Sudbury...	**Entièrement d'accord**	**D'accord**	**Neutre**	**En désaccord**	**Entièrement en désaccord**	**Je ne sais pas**
Les résidents de Sudbury ont un meilleur accès aux services de santé	±5	±4	±3	±2	±1	±8
Le temps d'attente pour voir un (une) infirmier(ère) praticien(ne) est plus court que le temps d'attente pour voir un médecin ne l'était auparavant	±5	±4	±3	±2	±1	±8
Il est plus facile d'être référé à un autre professionnel de la santé (p. ex., un physiothérapeute) quand j'en ai besoin	±5	±4	±3	±2	±1	±8
Je me sens mieux préparé(e) pour prendre soin de moi-même et gérer ma santé et mon bien-être	±5	±4	±3	±2	±1	±8
Je me sens mieux préparé(e) pour prévenir la maladie et éviter que mon état de santé ne se détériore	±5	±4	±3	±2	±1	±8

INSTRUCTIONS : Veuillez lire attentivement chacune des questions et cochez (✓) ou écrivez votre réponse. Veuillez retourner le questionnaire dûment rempli dans l'enveloppe préaffranchie ci-jointe.

12. Avez-vous déjà participé aux programmes offerts par la clinique (p. ex., programme de cesser de fumer, programme d'immunisation contre le VPH ou "Pourquoi se priver?")

±01 Oui
±00 Non **(Passez à la question 14.)**
±88 Je ne sais pas. / Je suis incertain(e). **(Passez à la question 14.)**

13. Veuillez indiquer votre degré de satisfaction envers les programmes auxquels vous avez participé.

	Très satisfait(e)	Plutôt satisfait(e)	Neutre	Plutôt insatisfait(e)	Très insatisfait(e)	Je n'ai pas participé.
Programme pour cesser de fumer.....	±5	±4	±3	±2	±1	±0
Programme d'immunisation contre le VPH	±5	±4	±3	±2	±1	±0
Programme "Pourquoi se priver?.....	±5	±4	±3	±2	±1	±0

14. De façon générale, croyez-vous que les infirmier(ère)s praticien(ne)s constituent un moyen efficace d'améliorer la prestation de soins de santé à Sudbury?

±01 Oui
±00 Non
±88 Je ne sais pas. / Je suis incertain(e).

15. Veuillez expliquer pourquoi ou pourquoi pas.

Nous vous remercions infiniment de votre collaboration.

Veuillez retourner le questionnaire dûment rempli d'ici **le 17 juillet 2009** dans l'enveloppe préaffranchie ci-jointe à l'adresse qui suit :

PRA Inc.
500-363 Broadway
Winnipeg, Manitoba R3C 3N9

INSTRUCTIONS : Veuillez lire attentivement chacune des questions et cochez (✓) ou écrivez votre réponse. Veuillez retourner le questionnaire dûment rempli dans l'enveloppe préaffranchie ci-jointe.

APPENDIX E

Reminder postcards for Patient Feedback Survey

Sudbury District Nurse Practitioner Clinics
La Clinique *Sudbury District Nurse Practitioner*
359 promenade Riverside Drive
Suite 107
Sudbury, ON PE3 1H5

Patient Feedback Survey ***Sondage auprès des patients***

Recently, the **Sudbury District Nurse Practitioner Clinics** sent you a **questionnaire**. If you have already completed and returned it, please accept our sincere thanks. If not, please do so at your earliest convenience, by **July 17, 2009 at the latest.**

The survey is directed to only a small group of individuals. Your feedback is very important to us. If you require another copy of the questionnaire, please call Sarah Fraser (toll free) at 1-866-422-8468.

Récemment, **la clinique *Sudbury District Nurse Practitioner*** vous a expédié un **questionnaire**. Si vous l'avez déjà complété et retourné, nous vous en remercions. Sinon, nous vous prions dès que possible, au plus tard **le 17 juillet 2009.**

Le sondage est distribué auprès d'un petit groupe d'individus. Votre rétroaction est très importante à nos yeux. Si vous avez besoin d'une autre copie du questionnaire, veuillez communiquer avec Sarah Fraser (sans frais) au 1-866-422-8468.

Marilyn Butcher
Clinic Director, Sudbury District Nurse Practitioner Clinics
Directrice, Sudbury District Nurse Practitioner Clinics

PRA Inc.